# Integrated Biological and Behavioral Surveillance (IBBS) Survey among FSWs in Kathmandu Valley-2017

Round VI, 2017



Ministry of Health National Center for AIDS and STD Control (NCASC), Teku, Kathmandu

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Integrated Biological and Behavioral Surveillance (IBBS) survey among the Female Sex Worker (FSWs) was carried in accordance with the National HIV and AIDS Surveillance Plan. This survey was conducted with the technical and financial support of National Centre for AIDS and STD Control (NCASC). This study expected the evidences about the trend in the prevalence of HIV and Syphilis among the FSWs (FSW), their risk behaviors and exploring tactical information on HIV and STI needed to monitor and guide the National HIV and AIDS programme.

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#### **ABBREVIATIONS**

	ADDREVIATIONS
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-Retroviral Therapy
DIC	Drop-in-Centre
EQA	External Quality Assessment
EQAS	External Quality Assurance Scheme
FP	Family Planning
FSW	Female Sex Worker
GOs	Governmental Organizations
HIV	Human Immuno-Deficiency Virus
HTC	HIV Testing and Counseling
IBBS	Integrated Biological and Behavioral Surveillance
IEC	Information, Education and Communication
IQR	Inter Quartile Range
IUD	Intrauterine Device
КАР	Key Affected Populations
NCASC	National Centre for AIDS and STD Control
NGO	Non-Governmental Organization
NHRC	Nepal Health Research Council
NPHL	National Public Health Laboratory NRs Nepalese Rupees
OE	Outreach Educator
PE	Peer Educator
PLHIV	People living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPS	Probability Proportional to Size
PWID	People Who Inject Drugs
RPR	Rapid Plasma Reagin
SD	Standard deviation
SI	Strategic Information
SITWG	Strategic Information Technical Working Group
SLC	School Leaving Certificate
SPSS	Statistical Package for the Social Sciences
STEP-Nepal	Society for Empowerment Nepal
STI	Sexually Transmitted Infection
ТРНА	Treponema Pallidum Hemagglutination Assay
ТРРА	Treponema pallidum Particle Agglutination
UNAIDS	United Nations Programme on HIV/AIDS
WHO	World Health Organization

# **EXECUTIVE SUMMARY**

#### Introduction

This IBBS Survey among FSWs (FSWs) in Kathmandu Valley is sixth round of Survey. It was conducted first time in 2004. The survey was undertaken primarily to track the trend of HIV infection, to access information about the safe sex practices, sexual behavioral, knowledge of HIV and STI, explore the association between risk behaviors and infections with HIV or STI. More specifically, the survey was conducted to collect socio-demographic characteristics; alcohol and drug use and needle sharing behaviors; the experience of stigma, discrimination and physical, sexual and other forms of violence; and exposure to HIV and AIDs program.

#### Methodology

The survey was cross sectional design, and a total of 500 FSWs were selected by using two stage clusters sampling method from three districts of Kathmandu Valley (Kathmandu, Lalitpur and Bhaktapur districts). Three types FSWs, i.e. street-based, establishment-based and home based FSWs were selected from the 50 clusters for this survey. For this survey, the definition of an FSW was "A woman age 16 years or above reporting having been paid in cash or kind for sex with a male within the last 6 months." The fieldwork for the survey was carried out from 22<sup>nd</sup> March to 10<sup>th</sup> April. 2017. A survey center with eight separate rooms was established at each of five-survey location Koteshwor, Chabahil, Sundhara, Ganganbu and Kalanki to cover all FSWs from three districts of the Kathmandu Valley. Behavioral data were collected through structured questionnaire survey by using tabloids while the biological data was collected by testing the HIV and syphilis through withdrawn the 5 ml whole blood of the FSWs. Rapid Plasma Reagin (RPR) test card was utilized to test syphilis, and three different test cards were utilized to test HIV. As per HTC guideline of National Centre for AIDS and STD Control (NCASC 2016), the serum that tested reactive with the Determine HIV  $\frac{1}{2}$  was confirmed with Uni-Gold  $\frac{1}{2}$ and STAT PAK ½. Samples that were found reactive on all three tests were considered HIV positive. Samples that were non-reactive on the Determine HIV ½ were considered HIV negative. Any sample that was reactive on the Determine HIV ½, Uni-Gold ½ and nonreactive on the STAT PAK ½, then repeated all three test with same individual sample and if retested were same then sample was considered HIV inconclusive. All positive and 10 percent negative of HIV and Syphilis were sent to NPHL for External Quality Assurance Scheme (EQAS).

#### **Key Findings**

#### **Comparative IBBS results**

The prevalence of HIV infection among FSWs was 2.2 percent in the current (6<sup>th</sup>) round of IBBS survey (2017). This round of prevalence of HIV is the highest among other rounds of surveys except the third round of survey (2008) that was similar to this round of survey.

There was a noticeable decrease in the prevalence of active syphilis since the first to the fourth round of survey (6% in 2004 and 0.7% in 2011). The proportion of age of the FSWs less than 20 years has remained stable around 30 percent in all of the previous first four rounds of IBBS surveys, was declined to 12.6 percent in the fifth round (2015) and slightly increased to 13.2 percent in the current round of survey. The percent of FSWs ever married has significantly increased from 75.7 percent in 2011 to 86 in fifth round and decreased to 83.8 percent in 2017. The trend of education (attended some years of school) was consistent throughout the survey period with above 50 percent (the highest (58.2%) in 2011 and lowest in (52%) in 2017. The percent of FSWs reporting to have been engaged in first sexual contact at less than 20 years of age has been decreased from 80.2 percent in 2015 to 79.3 percent in this round. The proportion of the FSWs who entered the sex trade less than one year preceding the survey has been decreased significantly (35.8% in 2015 to 25% in 2017). Condom carrying practice was in decreasing trend from first round (32.6 in 2006, 27.4% in 2008, 21.2% in 2011 and 12.8% in 2015) to fifth round but increased in the sixth round of survey (38.8% in 2017). The proportion of FSWs reporting to have performed HIV test at least once was an increasing trend (40.6% in 2006, 40.2% in 2008, 64.4% in 2011 and 69.5% in 2015) until the fifth round of the survey but was decreased to 55.1 percent in 2017. There was marginal increase in the use of condom among FSWs with most recent client (83% in 2015 to 84.8% in 2017) but consistent/regular condom use in all the sexual intercourse with the clients in the past year has been decreased in sixth round of survey (70.6% in 2015 to 63.4% in 2017) and overall practice of consistent use of condom with regular sex clients in the past year has also been declined (72.8% in 2015 to 61.7% in 2017) significantly. There has been a noticeable decrease (47.6% in 2011 to 30.6%) in the proportion of FSWs with knowledge of ABC in this round of IBBS following the decreasing trend of previous years (55.2% in 2006, 58.4% in 2008 and 47.6 in 2011). Similarly, there was dropped (17.3% in 2015 to 8% in 2017) in the proportion of FSWs with knowledge of BCDEF. This significant decline in BCDEF was mainly due to the sharp fall in the knowledge of B, C and F. The proportion of FSWs who had met or discussed with OEs /PEs in this round of survey has been declined sharply (71.4% in 2015 to 45.8% in 2017) that indicates the outreach activities to the targeted population is not sufficient to cover all the FSWs in Kathmandu Valley, though the considerable proportion of them did so in the previous round of years (83.2% in 2006, 59.6% in 2008, 83.3% in 2011). A sharp increase in previous rounds (21.6% in 2008, 33.7% in 2011 and 54.6% in 2015) has been observed in DIC visiting practices but plunged significantly to 25.4 in this round of the survey. However, STI clinic visiting practice (26.8% in 2015 to 25.4% in 2017) remained consistent, but HTC center visiting practices (24.4% in 2015 to 35.4%) had been significantly inclined in this round of the IBBS survey.

#### **Prevalence of HIV and STI**

A total of 11 FSWs (2.2%) were diagnosed as HIV positive. Out of 11 FSWs who were diagnosed as HIV positive, three were obtained in the street based FSWs (3.8%) and eight (1.9%) were from establishment and home based FSWs. Similarly, 2.2 percent FSWs had an active syphilis infection, and 2.6 percent of the FSWs reported the syphilis history.

#### Socio- demographic characteristics of FSWs

The majority (87%) of the FSWs were born in districts outside of the Kathmandu Valley. The highest proportion of FSWs belonged to Janajati (54%). More than one third (35.8%) of FSWs were the age of above 35 years, with a median age of 30 years. One fourth of FSWs (25.6%) of the FSWs were illiterate. Two third (66.2%) of FSWs were married. The majority (69.2%) of FSWs were using family planning methods to avoid or delay pregnancy, and among them, most of FSWs (79.2%) use a condom.

#### Injecting behavior of FSWs

Three FSWs (0.6%) had the history of injecting the drug, where this practice was prevalent only amongst the establishment and home based workers (0.7%).

#### Sexual behavior of FSWs

The mean age of the FSWs at first sex was 17 years. The median age of the street based FSWs at first sex was 16 years, which was one year less than that of establishment based FSWs (17 years). Majority of the FSWs (63.6%) had first sexual intercourse during 15-19 years. Above one-third (34%) of the FSWs had been indulging sex workers for 7-12 months and about a quarter (23.2%) of them had involvement in sex work for more than 48 months. Majority FSWs used to work as sex workers preferred in hotel/lodges (71.4%).

#### Condom use behavior of FSWs

More than four-fifths (84.8%) of the FSWs had used condom with the recent clients. About 62 percent of the FSWs had sex with regular clients in the past one year and majority of them (80.7%) had used condom with most recent regular clients. Almost 18 percent of the FSWs had used condom in every sexual contact with the non-paying regular partners in the past one year. About 44 percent of the FSWs had sexual contact with the partner other than client, husband and boyfriend. Out of them, 93.2 percent had used condom during the sexual intercourse.

#### Knowledge of HIV

From the perspective of ABC strategy of prevention and misconception regarding HIV, a portion of FSWs reporting to be aware of A (abstinence from sex), B (being faithful to one partner or avoiding multiple sex partners), and C (consistent condom use or use of a condom during every sex act) as HIV preventive measures were 46.4 percent, 61.8 percent, and 77.6 percent, respectively. Overall, 12.8 percent of the FSWs correctly identified all three A, B, and C as HIV preventive measures. Similarly, 88.4 percent of the FSWs knew that D (a healthy looking person can be infected with HIV), 37.9 percent of them identified that E (a person cannot get HIV from a mosquito bite), and 75.4 percent knew that F (A person cannot get HIV by sharing meal with an HIV infected persons). Overall, only 8 percent of the FSWs were aware of all the five major indicators i.e. BCDEF.

### **HIV test**

Four out of every five (80%) FSWs opined that confidential HIV test places are available in their community. Nearly two third (65.4%) had knowledge of necessity of HIV testing. More than half of FSWs (55.2%) ever tested for HIV. Almost all of them (97.1%) who had tested HIV had received their test result whereas 2.6 percent of them did not receive the results. The large majority (85.4%) of FSWs had their most recent HIV test within last 12 months before the survey.

# Exposure to HIV intervention program

Less than half of the FSWs (45.8%) had met or interacted with PEs/OEs in the last 12 months before the survey. One fourth of FSWs (25.4%) had visited DICs in the year preceding the survey. More than a quarter (25.6%) of FSWs had visited STI clinic in the past year. In the past year, 35.4 percent of FSWs reported to visit HTC.

# Stigma and discrimination

The study revealed that 85.6 percent of the FSWs do not hesitate to purchase goods from the HIV infected shopkeeper. Similarly, two third of the FSWs agreed that a student with HIV can sit together with other students in the classroom for the study. In case of discrimination, 23.6 percent of the FSWs had felt verbal abused, discriminated or threatened in the past 12 months. It was found that nearly half (47.1%) of the physically attacked FSWs were from the clients and 81.3% of them answered that they had responded against the forced sex. Similarly, 29.2 percent of the FSWs were refused by clients to pay money after having sex in last six months.

#### Social depression and suicidal tendency

The study revealed that above one-fifth (22.8%) of the FSWs thought of committing suicide because of self-hesitation in the past 12 months. Among those who thought suicide, nearly half (49.1%) had ever-made plan to commit suicide and two out of every five (40.2%) of them had ever-attempted suicide. Above two-third (68.2%) FSWs said that they had poor appetite for some times (1-2 days), above a quarter (27.8%) FSWs thought that they were bothered by the things that usually they don't used to bother occasionally (3-4 days) in the past week. Above two-third (68.2%) FSWs felt depressed sometimes (1-2 days) and above a quarter (28.2%) occasionally (3-4 days) do so in the past week. About three-fifth (58.4%) of FSWs had thought that their life have been failure for some times (1-2 days) in the past week, above two-third (68.6%) FSWs said that they used to talk less than usual sometimes (1-2 days) in the past week, below two-fifth (37.8%) felt sad occasionally (3-4 days) in the past week, and 15.2 percent FSWs felt that people dislike them occasionally (3-4 days) in the past week.

#### Program implications and suggestions

**Provide life skills and vocation trainings to feel self-esteem:** More than two third FSWs were under primary education including illiterate and married who were involving in sex trade. Providing life skills and vocational trainings as per their need through CBOs and provide necessary support for financial support is needed.

**Strengthen the capacity of Drop in Center (DIC):** Most of married FSWs (66.2%) were involving in sex trade and HIV prevalence is increasing over the period. So there is high risk of transmission of HIV and STI disease to their husband and newly born children. Thus provide counseling and regular check and follow up to such FSWs by strengthening the capacity of Drop in Center (DIC).

**Establish service center and information board targeting street based FSWs:** It was found that the prevalence of HIV (3.9%) and active Syphilis (2.5%) is higher on the street based than establishment and home based FSWs. So there is necessary to provide more program interventions and service center for example DIC with sufficient facilities (condoms, counseling and even blood testing facilities) and information board like hoarding or electronic board targeting HIV and STI disease and process of getting service if they HIV and STI.

**Provide some program intervention to owners of Hotel/Lodges on HIV/STI:** More than 70 percent FSWs having sex with their clients at hotels or lodges. Hotel/lodges owners need to be on program intervention by providing necessary training and awareness-raising activities regarding HIV/STI.

**Conduct awareness activities for the spouse of FSWs:** It was found that more than 50 percentmarried FSWs participated in the survey and 2.2 percent of HIV prevalence among the 500 FSWs. So their husbands may be victims of HIV. Thus it would be good if some awareness activities conducted by them directly or indirectly and encourage to them for HIV test.

**Provide continuity of awareness activities:** It was found the knowledge and awareness level of HIV of FSWs was increased. However, the awareness activities and DIC services are highly recognized for Key Affected Populations (KAPs) because of these populations are increasing day-by-day and entering in sex trade/market.

**Conduct further qualitative study to explore factors/gaps:** HIV and Syphilis are increasing among establishment -based FSWs. Intensified intervention is needed incorporating GOs and I/NGOs to reduce the HIV and syphilis prevalence.

**Promote multiple channels to increase comprehensive knowledge and misconceptions:** The knowledge on ABC and BCDEF are decreasing compared to previous rounds of IBBS surveys. BCDEF knowledge is less than 10 percent.

**Focus program interventions on the consistent use of condom:** The consistent condom use with clients, regular clients and non-paying partners are decreasing compared to previous round of surveys.

## **CHAPTER I: INTRODUCTION**

#### **1.1 Background**

The National Centre for AIDS and STD Control had identified 28,865 cumulative reported of HIV however 12,446 people living with HIV and taking ART (NCASC, 2016). This shows that nearly 60 percent people living with HIV are out of government access and challenge for control of transmission of HIV as well. With the HIV prevalence among the adult population (15-49) estimated at 0.20%, the HIV prevalence among the adults remained unchanged much over the last five years and had remained within the range of 0.2 - 0.3% in Nepal (NCASC 2015). HIV prevalence among the general population in Nepal is low however the HIV epidemic is concentrated amongst the Key Populations (KPs). FSWs (FSWs) of age 16 years and above who exchange sex with cash or kind are one of the KP that acts as a source of HIV Infection. The recent estimates show that the prevalence of HIV infection among the KPs, National Center for AIDS and STD Control (NCASC) is conducting Integrated Biological and Behavioral Surveillance (IBBS) Survey among Key Affected Population in regular intervals.

The predominant mode of transmission of HIV in the country is heterosexual contact with commercial sex workers. FSWs are considered one of the core groups for the transmission of HIV to the general population, mainly as a result of unprotected sex with their clients and sex partners. IBBS surveys conducted among FSWs in Kathmandu, Pokhara, and the Terai Highway revealed that the sex trade was on an increasing trend and that a greater number of younger FSWs were entering the business (NCASC, 2015a; NCASC, 2015b, NCASC, 2013). Interventions targeted at FSWs have intensified over the years. These programs basically aim to bring about behavioral change among the sex workers and their clients but the surveys trend shows decreasing trends of exposure of FSWs in such interventions (NCASC, 2015a; NCASC, 2015b, NCASC, 2015b,

This IBBS Survey among FSWs in Kathmandu Valley is sixth round of Survey. It was conducted first time in 2004 the second round in 2006, third in 2008, fourth in 2011 and fifth round in 2014. During the first round of survey HIV prevalence among FSWs in Kathmandu was observed almost stable with the lower of 1.4 percent in 2006 and highest with 2.2 percent in 2008 and 2017.

The survey seeks to determine the trend of HIV infection, access to information about the safe sex practices, sexual behavioral, knowledge of HIV and STI, explore associations between risk behaviors and infections with HIV or STI and so on. More specifically, the survey also determined socio-demographic characteristics; the experience of stigma, discrimination and physical, sexual and other forms of violence; and exposure to HIV and AIDs program.

# **1.2 Objectives of the survey**

In line with the objectives of the previous rounds of IBBS, this seventh round of the survey will also undertake primarily to determine the trends of HIV and STI prevalence and to assess HIV and STI-related risk behavior among FSWs in Kathmandu Valley.

The primary objectives are:

- To track the trend in the prevalence of STI and HIV infection among FSWs;
- To estimate the prevalence of sexual behaviors related to HIV among FSWs

The secondary objectives are:

- To estimate the knowledge of HIV and STI as well as sexual behaviors among FSWs;
- To explore associations between risk behaviors and infections with HIV or STI among FSWs;
- To estimate the prevalence of STI syndromes among FSWs.

# 1.3 Rationale of the survey

IBBS surveys are major components of HIV surveillance and data are widely used for designing HIV response, to monitor HIV prevention, care, and treatment programs and for estimation and projection of HIV infections in many countries including Nepal. IBBS surveys results have been used by donors, policy makers, program designers and implementers, academicians, and civil society organizations to track the level of HIV epidemic and related risk behaviors in Nepal.

The IBBS surveys are major sources of information for understanding the HIV dynamics including behavior as well as HIV and STI prevalence among KAP. The IBBS survey is a key component of the national HIV surveillance plan of Nepal and is collected at regular intervals. The estimation and projection of HIV infections in the country are also heavily based on IBBS surveys data. The data on key national HIV Indicators (outcome and impact) are also calculated from IBBS survey findings. Indeed, IBBS survey has established its reputation for quality and is the major set of surveillance data in Nepal. With this view and importance, NCASC is going to conduct IBBS Surveys among FSWs in Kathmandu Valley of Nepal in 2017. It is anticipated that most of the policy makers, planners and implementers could be plan the national HIV response and tailor the response to the HIV epidemic being faced by the country.

# **CHAPTER II: STUDY METHODOLOGY**

# 2.1 Survey design

A cross sectional descriptive study design was applied for the survey.

# 2.2 Survey Population

As 'a woman who engages in consensual sex in return for money or payment in kind at least within last six months'. They are categorizes in the three types: of FSWs i.e. Street-based, and establishment-based and home -based FSWs were the population for this survey. Their operational definition of FSWs are definitions are as follows:

- **Street-based FSWs:** FSWs aged 16 years and above who solicit their clients from the street, roads, squatter settlements, premises of garment factories, small liquor stalls/Bhatti Pasals.
- Establishment-based FSWs: FSWs aged 16 years and above who are based in establishments like hotels, lodges, restaurants, massage parlors, discotheques, guest houses and solicit their clients from there.
- Home-Based FSWs: FSWs aged 16 and above who are based in home.

# 2.3 Survey districts and centers

This survey was conducted in the districts of Kathmandu Valley (Kathmandu, Lalitpur and Bhaktapur). There were five survey centers established at Koteshwor, Chabhil, Sundhara, Goganbu and Kalanki for data collection. The respondents of Lalitpur and Bhaktapur were captured from Koteshwor survey center.

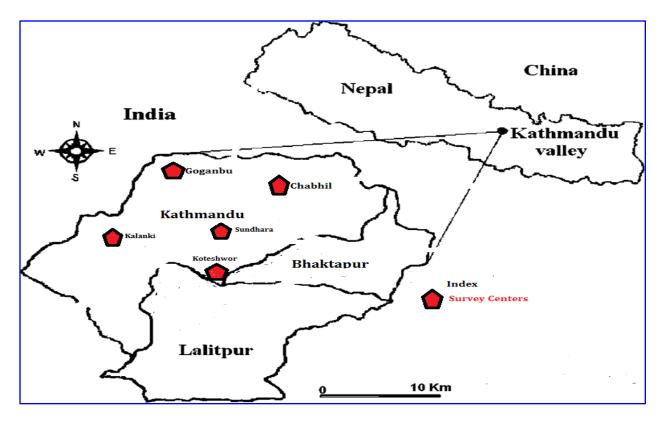


Figure 1: Survey Location Map

#### 2.4 Survey Period

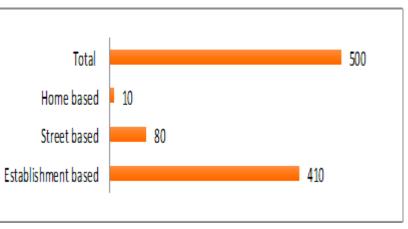
The survey period was conducted in the Kathmandu Valley from 9<sup>th</sup> Chaitra to 28<sup>th</sup> Chaitra, 2073 (22<sup>nd</sup> March to 10<sup>th</sup> April, 2017).

#### 2.5 Sample Design/Sample Size

A two-stage cluster sampling design was administrated to collect 500 FSWs.

# 2.6 Sampling Technique

In the first stage, probability proportional to size (PPS) method was applied to select the clusters. In the second stage, an equal number of FSWs were as selected from each Figure 2: Categories of FSWs



cluster using systematic random sampling. By using size estimation conducted in Kathmandu

Valley by NCASC (2017). There were 99 clusters were identified during the size estimation and then 50 clusters were selected out of 99 clusters by using PPS method for sample collection. About 10 FSWs were collected from each cluster to make 500 FSWs. Probability Proportional to size (PPS) technique was used to select 50 clusters out of 99 clusters and 410 FSWs were selected from establishment based, 80 FSWs from street based and 10 FSWs from home based selected clusters.

# 2.7 Sample Recruitment process

Two stage cluster sampling method was used to recruit FSWs. Using the information of size estimation for locations and the estimated number of FSWs in those locations, in the first stage, there were50 clusters selected out of 99 clusters using PPS method. Then in second stage 10 FSWs were selected from each cluster by using systematic random sampling method.

#### 2.8 Data collection tools and techniques

Maintaining standard protocol of Government of Nepal, both biological and behavioral data were collected. The structured survey questionnaire was used to collect behavioral data of FSWs that captured the background characteristics, sexual risk behaviors, use of condoms, knowledge and awareness of HIV and STIs, violence, exposure to HIV programs, drug injecting behaviors, stigma, and discrimination. Modifications were made to the questionnaire based on pretesting. All data collection tools were developed in Nepali and loaded in tablets then interviews were conducted in Nepali language by six female researchers. The clinical examination was carried to check up health which measured blood pressure, body temperature, weight, and pulse, and an STI examination where FSWs were asked whether they were experiencing symptoms such as genital discharge, ulcers, or lower abdominal pain. A genital exam, including the use of a speculum, was administered.

#### 2.9 Survey team

The survey team consists of 2-field coordinators, 6 field researchers, 2 counselors, 2 lab technicians, 2 clinicians, team leader, research officer and data analyst.

#### **2.10 Training of Field Team and Pretesting**

When recruiting field researchers, priority was given to those who had been involved in similar studies of HIV prevalence in the past. This included seroprevalence study and/or behavioral survey work high-risk sub-populations. Once the field workers were chosen, a one-week (25<sup>th</sup> February – 3<sup>rd</sup> March, 2017) intensive training program was organized for field survey team. NCASC Strategic Information focal person, consultant, team leader and NSCASC Global fund staffs, STI and Lab specialists facilitated the training. The training included basic information on the epidemiology of HIV in Nepal, HIV and STI infections, most at risk population sub-groups

identified in Nepal and over all study design in the context of National HIV Surveillance Plan of NCASC. In addition, the trainees were involved in mock interviews, role-plays and class lectures. The training was also focused on providing the team with a clear understanding of informed consent, pre-test counseling, and basic knowledge of HIV/AIDS and STIs. With support of STEP Nepal, Research officer, field coordinators and field researchers were conducted pre- test of tools in Kathmandu with 10 FSWs. As per coming errors and skip pattern mistake, it was modified and informed to technical person to change in tablet also for final data collection.

# 2.11 Fieldwork

The actual fieldwork of the study was conducted from 22<sup>nd</sup> March to 12<sup>th</sup> April 2017. Before the fieldwork, a stakeholder meeting was conducted among representatives from government organizations (GOs) and I/NGOs working with FSWs. During the meeting, participants shared their experiences and knowledge about different types of FSWs, and provided further support for the study. After the consultation meeting, the study team contacted the potential Community Motivators (CMs) for outreach work and prepared them with required information regarding the target population for the study. The study team, with the help of CMs, listed the required number of FSWs in the selected clusters. On the recommendation stakeholders, five survey sites; Koteshwor, Chabhil, Sandhara, Gangabu and Kalkannaki were selected to cover FSWs of three districts of Kathmandu valley. The survey center had 7 separate rooms for welcome and registration (1), interviews(3), general physical and STI examinations (1), drawing blood and laboratory testing of blood(1), and pretest and posttest counseling (1). Before the interview, FSWs were informally asked a few questions in order to ensure that they met the eligibility criteria set for the study.

Strict confidentiality was maintained throughout the study. Female researchers had conducted all interviews in a private separate room. No names were mentioned in the tools or notes. Instead, participants were provided a unique ID number written on paper card. The same number was marked on the questionnaire, on the medical record, and blood specimen of each respondent. This card was also used for the distribution of the test results. Only those participants who showed their ID card were provided the HIV and syphilis test results verbally along with post-test counseling. The framework of field work was as follow:

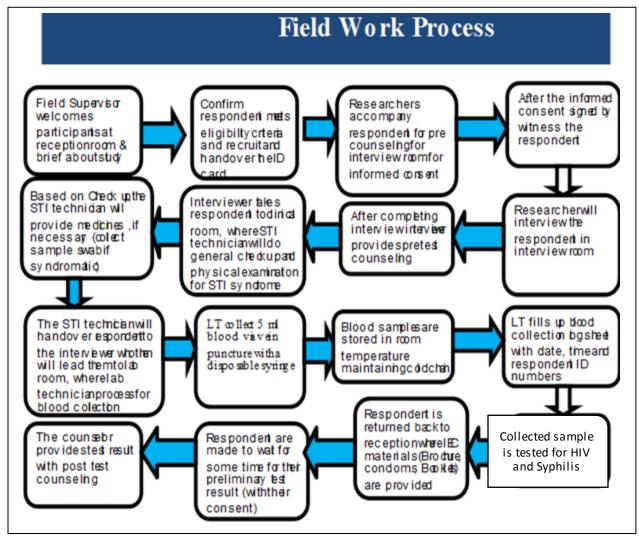


Figure 3: Field work process

#### 2.12 Refusal

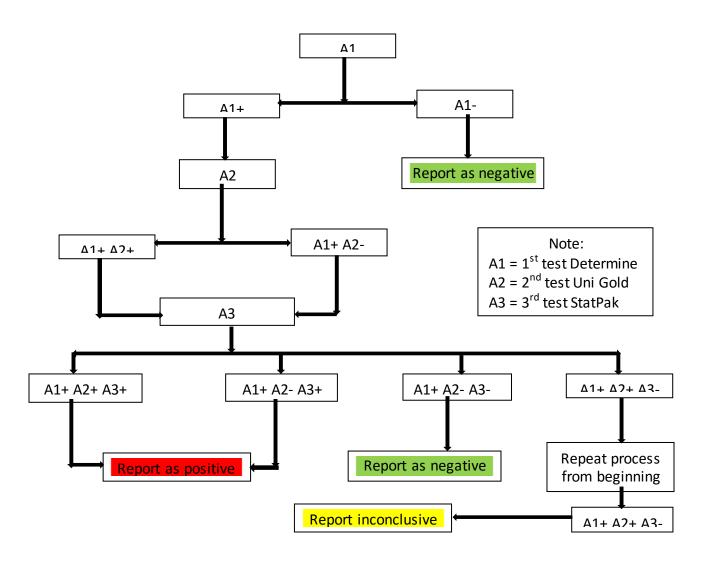
About 14 FSWs were refused during the survey as they share they were unable to participate in the survey.

#### 2.13 Clinical and Laboratory Procedure

The certified clinicians (Nurses) were examined FSWs clinical symptoms of STIs among FSWs. The clinical examination included a simple health check up (measuring blood pressure, body temperature, weight, and pulse) and a symptomatic examination for the presence of any STIs followed by any necessary syndromic treatment (NCASC, National guidelines on Case Management of sexually transmitted infections, 2014). The laboratory service was entailed onsite rapid screening of HIV and syphilis followed by a confirmation test. Approximately 5 ml of whole blood was drawn from each of the FSWs using a disposable syringe. The blood sample was centrifuged to separate the blood cells from the serum. Each sample was labeled with the unique ID number correlating to an individual. Following collection, a lab technician used the serum to perform a rapid HIV test and RPR test. Universal precautions and safe waste management practices were followed properly. For external quality assurance of tests, all positive and 10 percent of negative samples were sent to the National Public Health Laboratory (NPHL) in Kathmandu for HIV and Syphilis.

#### HIV 1/ 2

The HIV screenings of serum samples were performed using rapid test kits following the national HIV testing algorithm. Determine HIV 1/2 (Abbot, Japan), UniGold HIV 1/2 (Trinity Biotech, Ireland), and Stat Pak HIV 1/2 (Chembio Diagnostics), as per the National Voluntary Counseling Testing (VCT) guidelines were followed. All the kits were based on the immune chromatography principle for detecting antibodies against HIV in serum or blood. A serum that tested reactive with the Determine HIV 1/2 initial kit (A1) was confirmed with UniGold HIV 1/2 second kit (A2) and Stat Pak HIV 1/2Third Kits (A3). Samples that were found reactive on all three (A1, A2 and A3) tests were considered HIV positive. Samples that were nonreactive on the Determine HIV 1/2first (A1), UniGold HIV 1/2 second (A2) test and nonreactive on the Stat Pak HIV 1/2 third test (A3) then repeated all three test (A1, A2, and A3) with same individual sample and if retested were same then sample was considered HIV inconclusive. In that condition, sample was suggested to repeat the test after 14 days. The internal quality of the assay was assured by the in-built control of each kit and external quality was assured by sending all positive cases and 10% of negative cases to reference lab (NPHL).



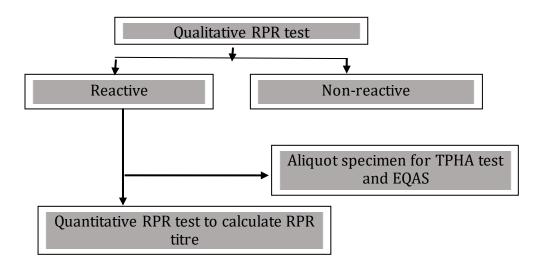
# Figure 4: Diagrammatic Representation of Rapid HIV Testing Algorithm

Test Kits	Company	Initial	Confirmation	Reconfirmation /Tiebreak	Antigen Type	Spec.	Sens.
Determine	Allere	x			Recom HIV1 and HIV2	99.4%	100.0%
Uni Gold	Trinity Biotech		×		HIV1 and HIV2	100.0%	100.0%
Statpak	CHEM BIO			X	HIV1 (gp41; p24)2 (gp36)	99.3%	100.0%

# Table 1: HIV Testing Algorithm Sensitivity and Specificity of HIV1/2Kits

# Syphilis

The lab technician had followed the National Guideline on Case Management of Sexually Transmitted Disease (NCASC, 2009 and syphilis diagnosis was conducted. The serum was tested for nonspecific and specific treponemal agents. A nontreponemal test, Rapid Plasma Reagin (RPR) [WAMPOLE Impact RPR card test, Alere], was used for both qualitative screening and semi-quantitative titration. All RPR reactive serum was confirmed using the specific Treponema Pallidum Particle Agglutination (TPPA) test (Fujirebio Inc.). Serum samples that tested RPR positive with titer value above or equal to 1:8 were reported as active syphilis; titration less than 1:8 were reported as cases with a history of syphilis. The quality of reagents and test cards of the RPR test kits were assessed on the site daily using a set of strong and moderate positive and negative controls. As part of external quality assurance, internal controls (positive and negative) were used to ensure the kits were working accurately and that all reactive/positive samples and 10% of nonreactive/negative samples were sent to NPHL for retesting.



# Figure 5: Syphilis Testing Algorithm

The combination of RPR Qualitative, RPR titre and TPPA test results was used for interpretation of the status of syphilis in the clients as follows:

- RPR positive with more than or equal to 1:8 titre value and positive TPPA test confirms active Syphilis cases.
- RPR positive with less than 1:8 titre values with positive TPPA test confirms the history Syphilis cases.
- RPR positive with greater than, or lower than, or equal to 1:8 titre with negative TPPA test is considered syphilis negative cases. (This may be due to unspecific syphilis RPR positive scenarios.)

#### 2.14 Precautions, Disposal Mechanism and Post-Exposure Management

The universal precautions and post exposure management were tracked as per Nepal's national guidelines. In order to minimize the possible spread of infection to clinical personnel and to the local community, a strict disposal procedure was implemented. Color-coded disposable plastic bags were inserted in a thick leak proof container with a tight seal. All materials were decontaminated by disinfecting or incinerating before disposal. Contaminated materials including specimens of bodily fluids, cotton gauze, broken glassware, and used needles were decontaminated in 0.5% Sodium Hypochlorite on a daily basis. The plastic material, papers and cotton were incinerated. The used Sodium Hypochlorite was poured down the drain or in a flush toilet.

# 2.15 Fieldwork Supervision and Monitoring

The progress of the fieldwork was closely monitored throughout the survey period. The team leader and research officer frequently visited survey sites on an ongoing basis to monitor, supervise, and assist the field staff. A tracking sheet was developed to document the number of interviews conducted per day at each site. Similarly, quality of the collected data was maintained throughout the study period. The team leader and research officer were both involved in monitoring controlling quality from the initial stage of the fieldwork. They reviewed forms to ensure that: 1) the correct clusters had been surveyed; 2) the correct number of FSWs had been interviewed; and 3) the correct administration of the tablets. They also checked the completed forms randomly, provided feedback, and made random revisits to ensure data quality. External monitors from NCASC, Save the Children, FHI 360 and IBBS consultant also monitored the field work. The monitoring checklist was strictly followed during the internal and external monitoring period.

#### 2.16 Quality Control of Laboratory Tests and External Quality Assurance Scheme

The quality control was maintained throughout the process of specimen collection, as well as during the handling and testing stages. All the tests were performed using internal controls. Built in controls for the Rapid Diagnostic Test (RDT) and known external controls (positive and negative) for RPR and TPPA were used to ensure the validity of the tests. These controls were recorded with all of the laboratory data. For external quality control assurance, all positive, and a 10 percent sample of the negative serum collected were submitted to the NPHL to test for HIV and Syphilis .Aliquots of selected serum specimens were prepared in the field and sent to NPHL within a week maintaining cold chain system.

# 2.17 Data Management and Data Analysis

The data was collected in password protected tablets. The electronic data was loaded in the server of Pathway Technology. After completion the survey they sent extracted data into MS Excel for verification and transferred into Statistical Package for the Social Sciences (SPSS) for cleaning and data analysis. A number of quality check mechanisms including range checks, logical checks, and skip instructions were developed to detect the errors during the data entry stage. Data were analyzed using descriptive statistics and bivariate analysis. The descriptive analysis of background characteristics, sexual behavior and sexual intercourse history, HIV risk related behaviors and knowledge of HIV/STIs, use and availability of condoms, knowledge of HIV and AIDS awareness programs, and drug injecting behaviors were explored. The key indicators of HIV related risk behaviors were calculated to measure the statistical association of categorical variables. Trend analysis of key indicators such as HIV prevalence, sexual behavior, use of condom, and comprehensive knowledge of HIV and AIDS were also done by calculating p value to measure statistically significant or not.

# **2.18 Ethical Considerations**

Ethical approval for the study was obtained by NCASC from the Nepal Health Research Council (NHRC), the Nepal Government's ethical clearance body for health research, who reviewed and approved the protocol, consent forms and draft questionnaires. All the participants were involved in the surveys fully informed about the nature of the study.

They were also known that their participation was voluntary and that they were free to refuse to answer any question or to withdraw from the interview at any time. Furthermore, they were briefed that such withdrawal or refusal would not affect the services they would normally receive from the study. A consent form describing the objectives of the study, the nature of the participants' involvement, and the benefits and confidentiality issues was clearly read out to them. Consent form will be prepared describing about ethical considerations of the research and read to each participant before conducting interview.

Pre and post-test counseling was provided to the participants who gave their consent for rapid HIV testing by trained counselors, and all participants with positive and indeterminate results referred to local health facilities for further support and counseling. All participants testing positive for syphilis offered treatment on-site and referred to the local health facilities to screen for other STIs. Participant anonymity and data confidentiality will be protected in the collection, transmission and processing of data by using unique numeric codes that was not derived from any personal identifying information.

# 2.19 Limitations of the survey

This IBBS survey had some limitations:

- This IBBS survey among FSWs was conducted in three districts (Kathmandu, Bhaktapur and Lalitpur) of Kathmandu valley. So the findings of this report could not generalized to other districts or any other part of the country.
- As we have adopted descriptive cross-sectional designs that mean it just captures the study
  population biological and behavioral responses. Thus, the findings are evidence of statistical
  association between those items and the risk behavior; but it has limitation to show a cause
  effect relationship.

# **CHAPTER III: RESULTS**

This chapter explains major findings of the Biological and Behavioral Surveillance (IBBS) Survey among FSWs

# **3.1 Prevalence of HIV and Syphilis**

Table 2 shows that a total of 11 FSWs (2.2%) were diagnosed as HIV positive. Out of 11 FSWs who were diagnosed as HIV positive, three were obtained in street based FSWs (3.8%) and eight (1.9%) were from establishment and home based FSWs. A total of 11 FSWs (2.2%) had active syphilis infection (RPR+ and RPR titre  $\geq$  1:8). Two (2.5%) of the street based FSWs had active syphilis whereas nine (2.1%) of the establishment based FSWs had active syphilis. In the meantime, 2.6 percent of the FSWs reported the syphilis history (RPR +ve and RPR titre <1:8). There was no significant difference in the presence of syphilis history between street based FSWs (2.5%) and establishment and home based FSWs (2.6%).

	Street based		Est	ablishment &			P Value	
Description			h	ome based	based Total			
	Ν	%	Ν	%	Ν	%		
HIV Positive								
HIV+ve (95%CI)	3	3.8 (1.20-11.1)	8	1.9 (0.95-3.8)	11	2.2 (1.22-3.94)		
HIV-ve	77	96.2	412	98.1	489	97.8	0.302	
Total	80	100	420	100	500	100		
Active Syphilis								
Active (95%CI)	2	2.5 (0.6-9.6)	9	2.1 (1.1-4.1)	11	2.2 (1.2-3.9)		
Non-active	78		411		489		0.691	
Total	80	100	420	100	500	100		
Syphilis History								
Active (95%CI)	2	2.5 (0.6-9.6)	11	2.6 (1.4-4.7)	13	2.6 (1.5-4.4)		
Non-active	78		409		487		1.0	
Total	80		420		500			

#### Table 2: Prevalence of HIV and Syphilis among FSWs

# **3.2 Socio-Demographic Characteristics**

This section describes the socio demographic characteristics of FSWs .The distribution of FSWs by their place of birth and the duration stay in Kathmandu Valley were shown in Table 3. The survey revealed that majority (87%) of the FSWs were born in districts outside of the Kathmandu Valley. About 12 percent of the FSWs were born in Kathmandu Valley and few of the others (1.2%) were born in India. Slightly higher proportions of establishment based FSWs (11.9%) were born in Kathmandu valley than the street based (11.3%). Nearly one-third (32.2%) of the FSWs had been living in Kathmandu Valley for 13-60 months followed by 21.6 percent

were relatively new residents of Kathmandu as they had migrated to Kathmandu within past 12 months. Further, about a quintile (20.4%) of the FSWs had been living in Kathmandu Valley since 61-120 months and 18.6 percent had been staying since more than 120 months. Only a few (7.2%) of the FSWs were inhabitant of Kathmandu Valley as they were staying in the valley since the time of birth (Table 3).

Description	Stree	et based	Establishment 8	Total		
Place of Birth	N	%	N	%	N	%
Kathmandu Valley	9	11.3	50	11.9	59	11.8
Other Districts	69	86.3	366	87.1	435	87.0
India	2	2.5	4	1.0	6	1.2
Total	80	100.0	420	100.0	500	100.0
Duration of living in Kathmandu Valley						
Sincebirth	6	7.5	30	7.1	36	7.2
Up to 12 months	16	20.0	92	21.9	108	21.6
13-60 months	31	38.8	130	31.0	161	32.2
61-120 months	17	21.3	85	20.2	102	20.4
More than 120 months	10	12.5	83	19.8	93	18.6
Total	80	100.0	420	100.0	500	100.0

Table 3: Place of Birth and Duration of their stay in Kathmandu Valley

Ethnic compositions of the FSWs indicate that the highest proportion of FSWs belonged to Janajati (56.4%) followed by Brahmin/Chhetri groups (35.2%). These two groups account for more than four-fifths of the study FSWs. Other reported castes of the FSWs were Dalits (7.6%), Terai Madeshi (0.6%) and Muslims (0.2%) (Table no. 4). The study revealed that more than one third (35.8%) FSWs were the age of above 35 years where 18.6 percent were belonged to the age group of below 20 years followed by age group 25-29 (18%), 30-34 (15.8%) and 20-24 (11.8%). About 41 percent of street based FSWs had participated in the survey of age group of above 35 years. The median age of the street based (31 years) FSWs was higher than that of establishment and home based (30 years) participants. More than one quarter (25.6%) of the FSWs were illiterate. Two third of FSWs (66.2%) were married, while 16.2 percent were never married followed by divorced or permanently separated (14.2%) and widow (3.4%). Proportion of the married street based and establishment and home based FSWs were 67.5 percent and 66 percent respectively.

Nearly four out of every five (77.9%) FSWs had got marriage during adolescent age (19 years or below) with 58.1 percent got married during 15-19 years of age. Percent of street based FSWs who had got early marriage during 10-14 years (17.9%) and 15-19 years of age (43.3%) while that of establishment and home based FSWs (16.7% and 60.9%) respectively. About 20 percent of the FSWs were married during 20-24 years of age while only 3.4 percent had got marriage at 25 or above years of age. Mean age at marriage of the street based FSWs (18.6±4.7 years) was higher than that of establishment and based FSWs (17.2±3.5 years). Similarly, median age of

the street based FSWs (18 years) was one year higher than that of establishment and home based FSWs (17 years).

Description	Street based		Establishment &	& home based	Total	Total		
Caste/Ethnicity	N	%	N	%	N	%		
Brahmin/Chhetri	27	33.8	149	35.5	176	35.2		
Terai Madeshi	0	0.0	3	0.7	3	0.6		
Dalit	6	7.5	32	7.6	38	7.6		
Janajati	47	58.8	235	56.0	282	56.4		
Muslim	0	0.0	1	0.2	1	0.2		
Total	80	100.0	420	100.0	500	100.0		
Age Group (in years)	-		-					
Less than 20	10	12.5	83	19.8	93	18.6		
20-24	11	13.8	48	11.4	59	11.8		
25-29	12	15.0	78	18.6	90	18.0		
30-34	14	17.5	65	15.5	79	15.8		
35 or above	33	41.3	146	34.8	179	35.8		
Mean±SD	32.68±	:10.4	30.4±9.6		30.8	8±9.8		
Median (IQR)	31 (1	L6)	30(15)		30	(16)		
Total	80	100.0	420	100.0	500	100.0		
Level of Education						•		
Illiterate	26	32.5	102	24.3	128	25.6		
Literate but no schooling	16	20.0	96	22.9	112	22.4		
Grade 1-5	10	12.5	83	19.8	93	18.6		
Grade 6-9	16	20.0	81	19.3	97	19.4		
SLC and above	12	15.0	58	13.8	70	14		
Total	80	100.0	420	100.0	500	100		
Marital status				4				
Never married	13	16.3	68	16.2	81	16.2		
Married	54	67.5	277	66.0	331	66.2		
Divorced/Permanently Separated	11	13.8	60	14.3	71	14.2		
Widow	2	2.5	15	3.6	17	3.4		
Total	80	100.0	420	100.0	500	100.0		
Age at Marriage	· · · · · · · · · · · · · · · · · · ·	•		ı	<b>I</b>			
10-14	12	17.9	58	16.7	70	16.9		
15-19	29	43.3	212	60.9	241	58.1		
20-24	16	23.9	66	19.0	82	19.8		
25 and above	10	14.9	12	3.4	22	5.3		
Mean±SD	18.6±		17.2±3.5			17.4±3.7		

Table 4: Socio Demographic Characteristics of FSWs

Description	Street based		Establishment 8	home based	Total	
Median age (IQR)		18(6)		17(4)		17 (4)
Total	67	100.0	348	100.0	415	100.0

Table 5 explains the living status of FSWs with their dependents. Above half (50.8%) of the currently married FSWs were living with their husbands where 44.4 percent of the street based FSWs and 52 percent of the establishment based FSWs were living with their husbands. Seven out of every 10 (71.4%) of the FSWs reported that they had dependents where 65 percent of street based FSWs and nearly 73 percent of establishment and home based FSWs had dependents with them. Out of those FSWs who had dependents, more than half (51.5%) of them had 2-3 dependents followed by 36.7 percent had one dependent and 11.8 percent had four or more numbers of dependents.

Description	Stree	t based	Establishment	Total					
	N	%	N	%	N	%			
Currently married FSWs living with husband									
Yes	24	44.4	144	52.0	168	50.8			
No	30	55.6	133	48.0	163	49.2			
Total	54	100.0	277	100.0	331	100.0			
Have dependents									
Yes	52	65.0	305	72.6	357	71.4			
No	28	35.0	115	27.4	143	28.6			
Total	80	100.0	420	100.0	500	100			
Total number of dependents									
One	21	40.4	110	36.1	131	36.7			
Two-three	24	46.2	160	52.5	184	51.5			
Four or more	7	13.5	35	11.5	42	11.8			
Total	52	100.0	305	100.0	357	100.0			

#### Table 5: Living status of FSWs with their Dependents

Table 6 shows the occupational background of the clients of FSWs. The businessmen (16.4%) were the most frequent clients of FSWs which was highest among both street-based (26.3%) and home and establishment based (14.5%) followed by bus, truck and tanker worker (10.6%), non-government service holders (7.4%), industrial/wage worker (7.2%), contractor (6.6%) and each of taxi, micro bus/minibus worker and service holder (6.6%). Where army (4%) and police (1.2%) were observed less than previous surveys.

#### Table 6: Occupational Background of Clients of FSWs

Description	Street based	Establishment & home based		Total		
	N (80)	%	N (420)	%	N (500)	%
Occupational of last Clients						

Bus, truck or tanker worker	6	7.5	47	11.2	53	10.6
Taxi, jeep, microbus or minibus worker	5	6.3	27	6.4	32	6.4
Industrial/wage worker	7	8.8	29	6.9	36	7.2
Police	2	2.5	4	1.0	6	1.2
Soldier/Army	6	7.5	14	3.3	20	4.0
Student	0	0.0	4	1.0	4	0.8
Rickshawala	0	0.0	2	0.5	2	0.4
Service holder	4	5.0	28	6.7	32	6.4
Non-government serviœ holder	3	3.8	34	8.1	37	7.4
Businessmen	21	26.3	61	14.5	82	16.4
Mobile Businessmen	2	2.5	6	1.4	8	1.6
Migrant worker/lahurey	1	1.3	18	4.3	19	3.8
Contractor	6	7.5	27	6.4	33	6.6
Foreigner (Indian and other Nationals)	1	1.3	12	2.9	13	2.6
Farmer	0	0.0	2	0.5	2	0.4
Other	14	17.5	50	11.9	64	12.8
Don't Know	2	2.5	55	13.1	57	11.4

#### 3.3 Child Birth and Use of Family Planning Devices

As illustrated in Table 7, more than five percent of the FSWs (5.4%) had expressed their willingness to have child within next two years and this kind of desire was less among the establishment based FSWs (5%) than those of street based FSWs (7.5%). About four percent of the FSWs of this survey were pregnant during last 12 months and the proportion of establishment based FSWs who were pregnant during last 12 months (3.8%) was higher than that of street based FSWs (2.5%). Out of those 18 FSWs who were pregnant during last year, 77.8 percent of them had a spontaneous abortion, 16.7 percent had given birth to live babies and 5.6 percent FSWs were pregnant at the time of the survey.

Description	Street	Street based		Establishment & home based		
Description	Ν	%	N %		N	%
Wish to have child in the r	next two years		·			
Yes	6	7.5	21	5.0	27	5.4
No	74	92.5	399	95.0	473	94.6
Total	80	100.0	420	100.0	500	100.0
Was Pregnant in the last 1	2 months		·		·	
Yes	2	2.5	16	3.8	18	3.6

#### Table 7: Desire to have children and outcome of Last Pregnancy

Description	Street based		Establishment	Total				
	Ν	%	N	%	N	%		
No	78	97.5	404	96.2	482	96.4		
Total	80	100.0	420	100.0	500	100		
Outcome of last Pregnancy	Outcome of last Pregnancy							
Live Birth	1	50.0	2	12.5	3	16.7		
Spontaneous abortion	1	50.0	13	81.3	14	77.8		
Currently Pregnant	0	0	1	6.3	1	5.6		
Total	2	100.0	16	100.0	18	100.0		

Table 8 indicates the knowledge and practices of FSWs in relation to the family planning services. About seven out of every ten (69.2%) FSWs were using family planning methods to avoid or delay pregnancy where most of them (79.2 %) use condom to avoid or delay pregnancy. Similarly, more than two out of every five FSWs follow withdrawal practice, 17.3 percent use injection, 14.5 percent use pills and above one tenth (10.1%)of them follow rhythm method. But just 6.2 percent had followed female sterilization and 1.6 percent of the FSWs had followed male sterilization.

Table 8: Knowledge and Practice of	of Family Planning (F	P) Methods

Description	Street b	ased	Establishment	& home based	Total				
Description	N	%	N	%	N	%			
Currently using any method to delay or avoid pregnancy									
Yes	58	72.5	288	68.6	346	69.2			
No	22	27.5	132	31.4	154	30.8			
Total	80	100	420	100.0	500	100			
FP methods used	·		•	·					
Female Sterilization	3	5.2	18	6.3	21	6.1			
Male Sterilization	2	3.4	3	1	5	1.4			
Pill	7	12.1	43	14.9	50	14.5			
IUD	2	3.4	8	2.8	10	2.9			
Injectable	12	20.7	48	16.7	60	17.3			
Implants	5	8.6	17	5.9	22	6.4			
Condom	44	75.9	230	79.9	274	79.2			
Rhythm method	2	3.4	33	11.5	35	10.1			
Withdrawal	20	34.5	125	43.4	145	41.9			
Any Other	0	0.0	4	1.4	4	1.2			

#### **3.4 Injecting Behaviors**

This section describes the injecting drugs behaviors among FSWs. Table 9 explains about the injecting history and practice among FSWs. Only three FSWs (0.6%) had the history of injecting drug, where this practice was prevalent only amongst the establishment and home based workers (0.7%). Out of those three FSWs, there is no history of drug injection in past 12 months. All three FSWs had started injected drugs in age of below 15 years where two third of them had started 2-3 years before and rest had started more than 3 years before.

Description	Street	based	Establishment	& home based	То	tal
Description	N	%	N	%	N	%
Ever injected drugs						
Yes	0	0.0	3	0.7	3	0.6
No	80	100.0	416	99.0	496	99.2
Don't Know	0	0.0	1	0.2	1	0.2
Injected in past 12 mor	nths					
No	0	0.0	3	100.0	3	100.0
Total	0	0.0	3	100.0	3	100.0
Respondent age when	she first injecte	d drugs				
Less than 15 years	0	0.0	3	100.0	3	100.0
Total	0	0.0	3	100.0	3	100.0
Time when respondent	started injectin	g drugs				
2-3 years	0	0.0	2	66.7	2	66.7
More than 3 years	0	0.0	1	33.3	1	33.3
Total	0	0.0	3	100.0	3	100.0

### Table 9: Injecting History and practices among FSWs

### 3.5 Sexual behaviors and condom use

This section explains the results related to sexual behavior and condom use with different partners of FSWs. As indicated in the table 10, majority of the FSWs (63.6%) had first sexual intercourse during 15-19 years of age and another 15.6 percent had early experience of sexual contact during 10-14 years. Similarly, 16.6 percent of the FSWs had first sexual contact during 20-24 years of age. In total, percent of street based FSWs who had first sexual intercourse at the early age  $\leq$ 19 years (65%) was less than that of establishment and home based FSWs (81.9%). Mean age of the FSWs at first sex was 17 years. Median age of the street based FSWs at first sex 16 years, which was one year less than that of establishment based FSWs (17 years). Above one third (34%) of the sex workers had been indulging as sex workers since 7-12 months and about a quarter (23.2%) of them had long involvement as they had sexual exposure for more than 48 months. One out of every five FSWs (19%) had involvement of between 13 – 24 months. Similarly, 12.4 percent of the FSWs had been in the sex work since last 25-36 months while 4.6 percent were quite new to the sex work was 24 months.

Above one-third (35.1%) of the FSWs had been working as a sex worker at the sampled location since 7-12 months while 21 percent of them had involvement in sex work at the sampled location since more than 48 months. Similarly, about one-fifth (19.6%) of the FSWs had been engaging in sex work for 13-24 months and only about 7.2 percent FSWs had been engaging in sex work since less than 6 months on the same site from where they were selected for the present study. The median duration of work at the sampled site was 24 months. In addition to the usual sites where FSWs used to work as sex workers, other reported sites for their sex work were hotel/lodges (71.4%) followed by homes (30.6%), restaurants (16.5%) and street (8.7%) and so on. Less than one in every ten (7.4%) of the FSWs had floating nature in the sex work as they had ever had sex in other locations in addition to their usual sites. The shifting nature of sexual involvement was higher among the street based FSWs (8.8%) than the establishment based FSWs, three-quarter (75%) of them had decided to go to India coercively while rest of the one-quarter (25%) went voluntarily.

Description	Street	based		ent & home sed	То	tal
-	N (80)	%	N (420)	%	N (500)	%
Age at first sexual intercours	e (in years)					
10-14	14	17.5	63	15.2	77	15.6
15-19	38	47.5	276	66.7	314	63.6
20-24	18	22.5	64	15.5	82	16.6
25-29	9	11.3	10	2.4	19	3.8
30 and above	1	1.3	1	0.2	2	0.4
Mean age± SD	18.5	18.5±5.9		17.1±3.2		±3.8
Median (IQR)	18	(5)	17 (3)		17 (4)	
Duration of work as sex worl	kers					
Up to 6 months	4	5	19	4.5	23	4.6
7-12 months	26	32.5	144	34.3	170	34
13-24 months	14	17.5	81	19.3	95	19
25-36 months	11	13.8	51	12.1	62	12.4
37-48 months	7	8.8	27	6.4	34	6.8
More than 48 months	18	22.5	98	23.3	116	23.2
Total	80	100	420	100	500	100
Mean ± SD	3.3:	± 1.0	3.2	± 1	3.2	± 1

#### Table 10 Sexual Behaviors of FSWs

Median (IQR)	3.2 (1.4)		3.2	3.2 (1.4)		3.2 (1.4)	
Working as sex worker from	the sampled lo	ocation					
Up to 6 months	6	7.5	30	7.2	36	7.2	
7-12 months	26	32.5	149	35.6	175	35.1	
13-24 months	13	16.3	85	20.3	98	19.6	
25-36 months	11	13.8	47	11.2	58	11.6	
37-48 months	5	6.3	22	5.3	27	5.4	
More than 48 months	19	23.8	86	20.5	105	21	
Mean ± SD	3.2± 1.1		3.1	± 1.1	3.1:	± 1.1	
Median (IQR)	3.2 (	(1.4)	3.2	(1.5)	3.2	(1.5)	
Other type of site where the	respondent wo	orked as sex w	orker*				
Did not work	6	7.5	16	3.8	22	4.4	
Disco	0	0	6	1.4	6	1.2	
Dance Restaurant	1	1.3	27	6.5	28	5.6	
Cabin Restaurant	3	3.8	25	6	28	5.6	
Call girl	3	3.8	26	6.2	29	5.8	
Home	18	22.5	134	32.1	152	30.6	
Bhati pasal	2	2.5	11	2.6	13	2.6	
Street	31	38.8	12	2.9	43	8.7	
Garment/ Carpet industry	1	1.3	12	2.9	13	2.6	
Sukumbasi/refugee	0	0	2	0.5	2	0.4	
Restaurant	21	26.3	61	14.6	82	16.5	
Dohari restaurant	1	1.3	18	4.3	19	3.8	
Lodge	56	70	299	71.7	355	71.4	
Other	2	2.5	10	2.4	12	2.4	
Ever worked as a sex worker	in other locatio	on					
Yes	7	8.8	30	7.2	37	7.4	
No	73	91.3	389	92.8	462	92.6	
Ever worked as a sex worker	in India						
Yes	0	0	4	1	4	0.8	
No	80	100	415	99	495	99.2	
Decision made to go India				-			
Coerced	0	0	3	75	3	75	
Voluntarily	0	0	1	25	1	25	

Table 11 depicts about the knowledge of female condom among the FSWs (FSWs). It was found that, 43.2 percent of the FSWs had heard about the female condom while only 11.6 percent of FSWs had ever used female condom and nearly three out of five (59%) had considered female condom is useful for safe sex.

Description	Street	based	Establishment &	k home based	Total		
Beschption	N (80)	% (100)	N (420)	% (100)	N (500)	% (100)	
Heard about female condom							
Yes	32	40.0	184	43.8	216	43.2	
No	48	60.0	236	56.2	284	56.8	
Ever used female co	ndom	-					
Yes	3	9.4	22	12.0	25	11.6	
No	29	90.6	162	88.0	191	88.4	
FSWs consider fema	le condoms as	useful					
Yes	48	60.0	247	58.8	295	59.0	
No	32	40.0	173	41.2	205	41.0	

Table 11: Knowledge of Female condom

Table 12 describes the use of condom with different clients. FSWs entertained basically three types of sex partners: (i) paying partners, i.e., those who pay them in cash or buy gifts for sex (ii) non-paying regular partners, i.e. those who do not pay them for sex i.e. their husbands, boyfriends, and cohabiting male partners (iii) regular partners, i.e. those who visit them on a regular basis. More than four-fifths (84.8%) of the FSWs had used condom with the recent clients. Out of those 424 FSWs who used condom in the recent sexual activities, about twothird (65.8%) of the FSWs themselves had suggested to use condom while they have sex with their clients and remaining one --third had used condom as their partners have suggested to do so. Majority of FSWs (63.4%) reported that they had used the condom in each of the sexual act, 18.8 percent reported that they had used condom in most of the times of sexual act and remaining others used condom sometimes (9.4%), rarely (2.2%) and out of them 6.2 percent had never used the condom in the sexual acts during past year. About 62 percent of the FSWs had sex with regular clients in the past one year. Out of those 311 FSWs who had sex with their regular clients in the last one year, 61.7 percent of them had used condoms regularly, 12.5 percent had used condom in most of the times of sexual acts and 8.4 percent had never used the condom. Majority of the FSWs (80.7%) had used condom at the time of sex with most recent regular clients and almost three-fourths (73.7%) of them had used the condom as per the suggestion of FSWs themselves.

### Table 12: Condom use with Clients

Description	Street I	pased	Establishmer	nt & home based	Т	otal
Description	Ν	%	N	%	Ν	%
Use of condom with mo	st recent clients					
Yes	70	87.5	354	84.3	424	84.8
No	10	12.5	66	15.7	76	15.2
Total	80	100.0	420	100.0	500	100.0
Condom use suggested	by					
Myself	58	82.9	221	62.4	279	65.8
Sex partner	12	17.1	131	37.0	143	33.7
Don't know	0	0	2	0.6	2	0.5
Total	70	100	354	100	424	100
Use of Condom with the			334	100		100
Always	55	68.8	262	62.4	317	63.4
, Most of the time	10	12.5	84	20.0	94	18.8
Sometimes	9	11.3	38	9.0	47	9.4
Rarely	1	1.3	10	2.4	11	2.2
Never	5	6.3	26	6.2	31	6.2
Total	80	100.0	420	100.0	500	100.0
Had regular client in the	past					
Yes	53	66.3	258	61.4	311	62.2
No	27	33.8	162	38.6	189	37.8
Total	80	100.0	420	100.0	500	100.0
Use of Condom with the	e regular clients in	the past				
year						
Always	34	64.2	158	61.2	192	61.7
Most of the time	5	9.4	34	13.2	39	12.5
Sometimes	9	17.0	32	12.4	41	13.2
Rarely	1	1.9	12	4.7	13	4.2
Never	4	7.5	22	8.5	26	8.4
Total	53	100.0	258	100.0	311	100.0
Use of Condom with the	e most recent regu	ular clients				
year	1					
Yes	44	83.0	207	80.2	251	80.7
No	9	17.0	51	19.8	60	19.3
Total	53	100.0	258	100.0	311	100.0
Condom use suggested	by (regular clients	)				
Respondent	38	86.4	147	71	185	73.7
Sex partner	6	13.6	59	28.5	65	25.9
Don't know	0	0	1	0.5	1	0.5
Total	44	100.0	207	100.0	251	100.0

Table 13 shows the condom use practice of the FSWs during sexual indulgent with the non-paying regular clients. About 63 percent of the FSWs had sex with non-paying regular partners in the recent past six months. Almost eighteen percent (17.8%) of the FSWs had used condom in every sexual contact with the non-paying regular partners in the past one year whereas about two third (65.2%) of them never used the condom in last one year.

In the meantime, only 5.1 percent of the FSWs had did not have sex with none- paying partner in the past one month while 53.7 percent of them kept sexual relation 2-5 times and 16.7 percent of them had kept sexual relation for 10-19 times in the past one month.

More than half (53%) of the FSWs had sexual contact with non-paying partner without condom in the last sex and majority (60.1%) of those who used condom in the last sex at the request of FSWs themselves.

Description	Street	based	Establishment	& home based	Т	otal
Description	N	%	N	%	Ν	%
Have sec with non-pay	ing regular part	ners during pas	st six months			
Yes	45	56.2	268	64.0	313	62.7
No	35	43.8	152	36.0	187	37.3
Total	80	100.0	420	100.0	500	100.0
Use of Condom with n	on-paying regul	ar partners in t	he past one year			
Always	7	8.8	82	19.5	89	17.8
Most of the time	2	2.5	17	4.0	19	3.8
Sometimes	12	15.0	41	9.8	53	10.6
Rarely	2	2.5	11	2.6	13	2.6
Never	57	71.3	269	64.0	326	65.2
Total	80	100.0	420	100.0	500	100.0
Frequency of sexual co	ntact with the l	ast non-paying	regular sex partn	er in the past one	month	
None	1	2.2	15	5.6	16	5.1
Once	4	8.9	25	9.4	29	9.3
2-5 times	32	71.1	135	50.8	167	53.7
6-9 times	1	2.2	28	10.5	29	9.3
10-19 times	3	6.7	49	18.4	52	16.7
20 or more times	4	8.9	14	5.3	18	5.8
Total	45	100.0	266	100.0	311	100.0
Condom use suggested	l by					
Respondent	27	60.0	160	59.9	187	60.1
Sex partner	12	26.7	72	27.0	84	27.0
Don't know	6	13.3	34	12.7	40	12.9
Total	45	100.0	267	100.0	311	100.0

### Table 13: Condom use with Non-paying Regular Partner

A total of 44 percent of the FSWs had sexual contact with the partner other than client, husband and boyfriend. Out of them, 93.2 percent FSWs were used condom during the sexual intercourse, where 39.5 percent of the FSWs were suggested by sex partners to use condom while having the sex. Furthermore, 82.7 percent FSWs had used condom at every sex with such occasional clients (Table 14).

	Street k	based	Establishment 8	home based	Т	otal
Description	N	%	N	%	N	%
Have sexual contact v	vith partner othe	r than client, h	usband and male fri	iend		
Yes	34	42.5	186	44.3	220	44.0
No	46	57.5	234	55.7	280	56.0
Total	80	100.0	420	100.0	500	100.0
Condom use with Oth	er than Client, Hu	isband and ma	le friend in the last	sex	•	•
Yes	32	94.1	173	93.0	205	93.2
No	2	5.9	13	7.0	15	6.8
Total	34	100.0	186	100.0	220	100.0
Condom use suggeste	d by	•				
Respondent	24	75.0	100	57.8	124	60.5
Sex partner	8	25.0	73	42.2	81	39.5
Total	32	100.0	173	100.0	205	100.0
Consistent use of Con	dom use with Otl	her than Client	, Husband and male	e friend in one ye	ar	
Every time	28	82.4	154	82.8	182	82.7
Most of the time	3	8.8	16	8.6	19	8.6
Sometimes	2	5.9	8	4.3	10	4.5
Rarely	1	2.9	2	1.1	3	1.4
Never	0	0.0	6	3.2	6	2.7
Total	34	100.0	186	100.0	220	100.0

Table 14: Condom use with Other than Client, Husband and Male friend

Table 15 describes the availability of condoms. Nearly two out of every five (38.8%) of the FSWs reported that they usually carry condom with them. Most of the FSWs (63.1%) reported that they used to obtained condom from pharmacy followed by private clinics (42.7%), NGO/Volunteers/Health workers (42.3%), Clients/ Other sex partners (41.7%), Health post/ health centers (27.5%) and Hospital (26.7%), while 41.6 percent did not know the availability of condoms. More than half (51.6%) of the FSWs availed condoms either free of cost or purchase where 31.6 percent of the FSWs get condom free of cost and only 10.8 percent purchase condom and 6 percent of the respondent had never purchase condom. More than half (54.9%) FSWs had got the condom on free of cost from their clients or other sex partners in the past one year.

# Table 15: Availability of Condoms

Description	Street	based	Establishm	ent & home based	То	otal
Description	Ν	%	N	%	Ν	%
Carry Condom usually						
Yes	34	42.5	160	38.1	194	38.8
No	46	57.5	260	61.9	306	61.2
Total	80	100.0	420	100.0	500	100.0
Place where condom is avai	lable					_
Health Post/Health center	26	32.5	111	26.5	137	27.5
Medical/Pharmacy	54	67.5	261	62.3	315	63.1
Retailer shop	19	23.8	70	16.7	89	17.8
Privateclinic	39	48.8	174	41.5	213	42.7
Pan pasal	7	8.8	47	11.2	54	10.8
Hospital	23	28.8	110	26.3	133	26.7
Nepal family planning clinic association	13	16.3	55	13.1	68	13.6
Peer/friends	5	6.3	29	6.9	34	6.8
NGO/Health workers/Volunteers	32	40.0	179	42.7	211	42.3
Hotel/lodge	17	21.3	114	27.2	131	26.3
Client/other sex partner	32	40.0	176	42.0	208	41.7
Massageparlor	0	0.0	6	1.4	6	1.2
Bhatti pasal	1	1.3	9	2.1	10	2.0
Other	0	0.0	2	.5	2	.4
Don't know	1	1.3	7	1.7	8	1.6
Total	80	*	420	*	500	*
Carry Condom usually						
Always free of cost	25	31.3	133	31.7	158	31.6
Purchase	10	12.5	44	10.5	54	10.8
Obtain both ways	40	50.0	218	51.9	258	51.6
Condom never used	5	6.3	25	6.0	30	6.0
Total	80	100.0	420	100.0	500	100.0
Free condoms usually obtai	ned from					
Health Post/Health center	29	43.9	86	24.6	115	27.7
Hospital	15	22.7	66	18.9	81	19.5
Nepal family planning clinic association	22	33.3	110	31.5	132	31.8
Peer/friends	21	31.8	93	26.6	114	27.5
At Social program	5	7.6	18	5.2	23	5.5
NGO/Health workers/Volunteers	55	83.3	354	101.4	409	98.6
Client/other sex partner	57	86.4	393	112.6	450	108.4

Description	Street	based	Establishm	ent & home based	Total	
Description	Ν	%	N	%	Ν	%
Massageparlor	0	0.0	6	1.7	6	1.4
Hotel/Lodge/Restaurant	20	30.3	209	59.9	229	55.2
Bhatti pasal	2	3.0	4	1.1	6	1.4
Other	0	0.0	9	2.6	9	2.2
Total	66	*	349	*	415	*
Most condoms usually obtai	ned from					-
Health Post/Health center	17	25.8	43	12.3	60	14.5
Hospital	9	13.6	30	8.6	39	9.4
Nepal family planning clinic association	8	12.1	53	15.2	61	14.7
Peer/friends	10	15.2	47	13.5	57	13.7
At Social program	0	0.0	6	1.7	6	1.4
NGO/Health workers/Volunteers	27	40.9	168	48.1	195	47.0
Client/other sex partner	29	43.9	199	57.0	228	54.9
Massageparlor	0	0.0	3	0.9	3	0.7
Hotel/Lodge/Restaurant	12	18.2	102	29.2	114	27.5
Bhatti pasal	1	1.5	2	0.6	3	0.7
Others	0	0.0	7	2.0	7	1.7
1		1	349		415	+

# 3.6 Comprehensive Knowledge of HIV and Modes of HIV Transmission

This section describes the comprehensive knowledge of HIV and mode of transmission FSWs. The knowledge data was captured regarding A, B, C, D, E, F and ABC as well as BCDF. Table 16 shows the comprehensive knowledge of HIV of survey FSWs. The FSWs had multiple choice on major ways to avoid HIV, the proportion of sex workers reporting to be aware of A (abstinence from sex), B (being faithful to one partner or avoiding multiple sex partners), and C (consistent condom use or use of a condom during every sex act) as HIV preventive measures were 46.4 percent, 61.8 percent, and 77.6 percent, respectively. Overall, 12.8 percent of the FSWs correctly identified all three A, B, and C as HIV preventive measures. Similarly, 88.4 percent of the FSWs knew that D (a healthy looking person can be infected with HIV), 37.9 percent of them identified that E (a person cannot get HIV from a mosquito bite), and 75.4 percent knew that F (A person cannot get HIV by sharing meal with an HIV infected persons). Overall, only 8 percent of the FSWs were aware of all the five major indicators, i.e. BCDEF.

Description	Street	based	Establishment	& home based	То	tal
Description	Ν	%	N	%	N	%
Comprehensive Knowledge on HIV						
A. Can protect themselves through abstinence from sexual contact	39	48.8	193	46.0	232	46.4
B. Can protect themselves through monogamous sexual	22	66.7	101	60.8	123	61.8
C. Can protect themselves through condom use every time during sex	31	86.1	128	75.7	159	77.6
D. A healthy looking person can be infected with HIV	72	90.0	349	82.3	421	84.4
E. A person cannot get the HIV virus from mosquito bite	32	40.0	157	37.5	189	37.9
F. A person cannot get HIV by sharing meal with an HIV infected persons	59	73.8	317	75.7	376	75.4
Knowledge of all the three ABC	14	17.5	50	11.9	64	12.8
Knowledge of all the Five BCDEF	7	8.75	33	7.9	40	8.0

### Table 16: Comprehensive Knowledge on HIV

Similarly Table 17 represents the knowledge on ways of transmitting HIV and AIDS .Out of 500 FSWs, 39.4 percent of the FSWs had knew person died of HIV infection, which included 38.8 percent of the street-based and 39.5 percent of the establishment and home based FSWs. Among them, 16.2 percent of the FSWs had close relatives and 23.9 percent had a close friend that was HIV positive or had died of AIDS. Most of FSWs (98%) reported that HIV could be transmitted through the transfusion of blood from an infected person to another and 97.8 percent of them perceived that HIV could be transmitted through the use of previously used needles/syringes. Similarly, in response to the question whether an infected pregnant woman could transmit the virus to her unborn child, 82.3 percent replied affirmatively. Among those who said that an infected mother could transmit the virus to her unborn child, 67.3 percent said a pregnant woman could abort to protect her child from risk of HIV transmission while 83.5 percent mentioned that taking medication could minimize such risks. Regarding the ways of preventing transmission of HIV from pregnant women to future birth, 59.4 percent of FSWs reported that medication can reduce the risk of transmission, 4.6 percent suggested to abort child, 9.5 percent responded as there is no option to reduce risk of transmission and 1.2 percent responded for other ways while a quarter of them have no idea about it.

Table 17: Knowledge on	wave of	<sup>T</sup> Transmitting HIV and AIDS
Table 17: Knowledge on	ways oj	Transmitting <b>hiv</b> and AIDS

Description	Street b	ased	Establishment	& home based	Tot	al
	N	%	N	%	N	%
Know anyone who is infected with I	HV or who died	l of AIDS				
Yes	31	38.8	166	39.5	197	39.4
No	49	61.3	254	60.5	303	60.6

Total	80	100	420	100	)	500	100
Relation with the person who is infected with HIV or has died of AIDS							
Closerelative	3	9.7	29	17.	5	32	16.2
Closefriend	11	35.5	36	21.	7	47	23.8
No relation	17	54.8	101	60.	8	118	59.8
Total	31	100	166	100	)	197	100
Awareness on HIV/AIDS							
Blood transfusion from an infected person to the other transmit HIV	78	97.5	412	98.	1	490	98.0
A person can get HIV, by using previously used needle/syringe	78	97.5	411	97.9	9	490	97.8
A person get HIV by holding an HIV infected person's hand	67	83.8	359	85.	5	426	85.2
A HIV Positive woman can transmit the virus to her unborn child	66	83.5	349	83.	5	415	83.5
Total	80	*	420	*		500	*
Ways by which a pregnant woman ca	n reduce the	e risk of trans	mission of HIV trar	nsmission			
Take medication	38	60.3	205		59.2	243	59.4
Abort the child	3	4.8	16		4.6	19	4.6
Cannot do anything	8	12.7	31		9.0	39	9.5
Others	0	0.0	5		1.4	5	1.2
Don't know	14	22.2	89		25.7	103	25.2
Total	63	100	346		100	409	100

### **3.7** Awareness and Availability of HIV Testing Facility and HIV Testing

This section talks about the awareness and knowledge of availability of HIV testing facility and HIV testing in their surroundings among FSWs. Table 18 depicts the results of perception on HIV test. Four out of every five (80%) FSWs opined that confidential HIV test places are available in the community. Nearly two third (65.4%) had knowledge of necessity of HIV testing. The proportion of FSWs who had ever tested themselves for HIV was 55.2 percent. More than half of street based FSWs (55%) and establishment home based FSWs (54.5%) had ever gone through HIV testing. Among those who had ever tested HIV, 80.2 percent had undergone the HIV test voluntarily while others had been required to test. Almost all of them (97.1%) had received their test result whereas 2.6 percent of them did not receive the results because they were sure of not being infected (71.4%) and remaining (28.6%) did not feel the necessity of the

results. The large majority (85.4%) of FSWs had their most recent HIV test within last 12 months before the survey.

#### Street based Establishment & home based Total Description % Ν % Ν Ν % Confidential HIV test facility available in the community Yes 58 72.5 342 81.43 400 80 No 13 16.3 48 11.4 61 12.2 Don't Know 9 11.2 30 7.1 39 7.8 Knowledge of HIV testing Yes 50 277 65.95 327 62.5 65.4 No 34.05 30 37.5 173 34.6 143 80 100 100 Total 100 420 500 Ever had an HIV test Yes 54.6 44 54.5 55 229 273 No 35 43.7 186 44.3 221 44.2 No response 1 1.3 5 1.2 6 1.2 80 100 420 100.0 500 100 Total Voluntarily went the HIV test or because it was required Voluntarily 40 90.9 179 78.2 219 80.2 Required 19.8 4 9.1 50 21.8 54 Total 44 100 100.0 100 229 273 **Received HIV test result** 97.1 Yes 40 90.9 225 98.3 265 4 3 1.3 7 2.6 No 9.1 No response 0 0.4 0.4 0.0 1 1 Total 229 100.0 273 100.0 44 100.0 Reason for not Received HIV test result Sure of not being infected 3 75.0 2 66.7 71.4 5 2 Felt unnecessary 1 25.0 1 33.3 28.6 Total 4 100.0 3 100.0 7 100.0 Most recent HIV test Within last 12 months 39 84.7 85.4 88.6 194 233 Between 1-2 years 4 7.4 9.1 17 21 7.7 Between 2-4 years 4.8 4.4 1 2.3 11 12 More than 4 years ago 0 0.0 7 3.1 7 2.6 Total

### **Table 18: Perception on HIV Test**

100.0

229

100.0

273

100.0

44

### 3.8 Knowledge of STIs, Experienced Symptoms and Treatment in the Past Year

This section explains about knowledge of STI, symptoms they had experienced and treatment done in the past year by FSWs. Table 19 shows the knowledge of STI, symptoms experienced and treatment in the past 12 months preceding the survey. In response to the question about their understanding of STI, 76.6 percent of them mentioned white discharge of Pus/Dhatu, nearly 71.7 percent said itching around vagina, followed by weight loss/ get thinner (50.7%), ulcer or sore around vagina (49.5%), fever (49.1), burning during urination (47.9%), lower abdominal pain (34.9%), HIV/AIDS (20.6%), and unusual bleeding from vagina (16%) while syphilis was reported by only 12.8 percent. Itching in and around the vagina was the most experienced STI symptoms by 29.3 percent respondent which was followed by pain during sex (25.7%), pain in the lower abdomen (25.3%), Unusual heavy, foul smelling vaginal discharge (24.5%), Vaginal odor or smell (19.2%), Pain during urination (15.4%) and frequent urination (14.8%). Among those all who experienced STI symptoms, only 32.8 percent sought treatment within year. The most visited places by sex workers for STI treatment was health center/health post (57.7%), private clinic (44.3%) and each 9.3 percent treated by self or by others.

Description	Street	based	Establishment	& home based	Тс	otal
Description	N	%	N	%	N	%
Understanding of STI						
White discharge/discharge of	63	78.8	319	76.1	382	76.6
pus/dhatu flow						
Itching around vagina	62	77.5	296	70.6	358	71.7
Lower abdominal pain	28	35	146	34.8	174	34.9
Syphilis (Bhiringi)/gonorrhea	12	15	52	12.4	64	12.8
HIV/AIDS	20	25	83	19.8	103	20.6
Painful urination	10	12.5	47	11.2	57	11.4
Swelling of vagina	13	16.3	24	5.7	37	7.4
Pain in Vagina	12	15	81	19.3	93	18.6
Unusual bleeding from vagina	12	15	68	16.2	80	16
Ulcer or sore around vagina	38	47.5	209	49.9	247	49.5
Fever	41	51.3	204	48.7	245	49.1
Burning during urination	41	51.3	198	47.3	239	47.9
Weight loss/get thinner	37	46.3	216	51.6	253	50.7
Total	80	*	419	*	500	*
Types of STI symptoms experience	ed Currentl	у				
Pain in the lower abdomen	15	18.8	111	26.5	126	25.3
Pain during urination	16	20.0	61	14.6	77	15.4
Frequent urination	15	18.8	59	14.1	74	14.8
Pain during sex	16	20.0	112	26.7	128	25.7
Ulcer or sore in the genital area	7	8.8	38	9.1	45	9.0
Itching in or around the vagina	21	26.3	125	29.8	146	29.3
Vaginal odor or smell	18	22.5	78	18.6	96	19.2

Table 19: Knowledge of STI, Symptoms Experienced and treatment in the past year

Description	Street	based	Establishment	& home based	Тс	otal
Description	N	%	N	%	N	%
Vaginal bleeding (unusual)	3	3.8	11	2.6	14	2.8
Unusual heavy, foul smelling vaginal discharge	20	25.0	102	24.3	122	24.5
Genital warts	1	1.3	6	1.4	7	1.4
Total	80	*	420	*	500	*
Medical treatment for any of the	symptoms	1			L	1
Yes	17	39.5	78	31.6	95	32.8
No	26	60.5	169	68.4	195	67.2
Total	43	100.0	247	100.0	290	100.0
Received treatment from						
Privateclinic	11	57.9	32	41.0	43	44.3
Health center/health post	9	47.4	47	60.3	56	57.7
Self	2	10.5	7	9.0	9	9.3
Other	2	10.5	7	9.0	9	9.3
Total	17	*	78	*	95	*
Duration, respondent waited to	received tre	atment afte	er experiencing S	TI symptom	1	

# 3.9 Exposure to HIV Programs (PE, DIC, HTC)

This section describes the exposure to HIV programs through outreach and peer educators (OEs and PEs) are one of the most popular interventions. The Outreach Educators (OEs) and Peer Educators (PEs) mobilization to educate the targeted most risk key population on STI, HIV and AIDS is a vital preventive measure. Table 20 depicts the meeting/interaction of FSWs (FSWs) with Pear and outreach educators. Less than half of the FSWs (45.8%) had met or interacted with PEs/OEs in the last12 months before the survey. The FSWs were involved in their meeting with OEs/PEs about discussion on how HIV/AIDS is/isn't transmitted was the most preferable reasons reported by 90.8 percent of the FSWs. Similarly, they had discussion on how STI transmission reported by 86.5 percent, discussed on regular/non-regular use of condom by 85.6 percent and demonstration on using condom correctly by 36.7 percent. In terms of number of times they had visited with PE and/or OE in the past year, more than half (56.4%) have reported they had visited 2-3 times where 20.1 percent visited 4-6 times and 19.7 percent visited only once while only about three percent visited OEs and PEs more than seven times during last 12 month .

Description	Street based		Establishment	Total					
Description	N	%	N	%	N	%			
Met or discussed or interacted with peer educators (PE) or outreach educators (OE) in the last 12 months									
Yes	38	47.5	191	45.5	229	45.8			
No	42	52.5	229	54.5	271	54.2			
Total	80	100	420	100.0	500	100			

### Table 20: Meeting/Interaction of FSW with Peer/Outreach Educators

Activities involved in with OEs/PEs*						
Discussion on how HIV/AIDS is/isn't	32					
transmitted	52	84.2	176	92.1	208	90.8
Discussion on how STI is/isn't						
Transmitted	31	81.6	167	87.4	198	86.5
Regular/non-regular use of Condom	30	78.9	166	86.9	196	85.6
Demonstration on using condom						
correctly	20	52.6	64	33.5	84	36.7
STI treatment/cure after treatment	3	7.9	22	11.5	25	10.9
Counseling on reducing number of sex						
partner	0	0	21	11	21	9.2
Training on HIV and STI, condom day,						
AIDS day, participation programs	1	2.6	12	6.3	13	5.7
Others (Specify)	1	2.6	2	1	3	1.3
Total	38	*	191	*	229	*
Number of times visited with PE and/or	OE in the p	ast year				
Once	8	21.1	37	19.4	45	19.7
2-3 times	25	65.8	105	55.0	130	56.8
4-6 times	4	10.5	42	22.0	46	20.1
7-12 times	1	2.6	5	2.6	6	2.6
More than 12 times	0	0.0	2	1.0	2	0.9
Total	38	100.0	191	100.0	229	100.0

Table 21 represents the DIC visiting Practice of FSWs. The Drop-in-Centers (DICs) are another vital component of HIV prevention programs. The DICs not only provide a safe space for the target communities to socialize but also facilitate the site for educational and counseling activities. About one fourth of FSWs (25.4%) visited DICs in the year preceding the survey. Street-based FSWs (28.8%) were more likely to visit DICs than their counterpart establishment based FSWs (24.4%) in the past year. FSWs had mostly visited DICs to learn the correct way of using a condom (85%), to participate in discussions on HIV transmission (78.7%), to participate in discussions on STI transmission (69.3%), to collect condoms (61.4%) and watch films on HIV and AIDS (56.7%). Similarly, 21.3 percent of FSWs had visited DICs to participate in training, interaction and discussion programs on HIV/AIDS and STI whereas 11 percent for STI treatment. Most of the FSWs (53.5%) had not known about the organization that runs DIC visited by them. In terms of number of times visited DIC in the past year, more than half (59.8%) have reported they had visited 2-3 times where 19.7 percent visited only once and 15 percent visited 4-6 times while only about six percent visited DIC more than seven times during last 12 months.

Description	Street based		Establishment &	Total						
Description	N	%	N	%	N	%				
Drop in center (DIC) visit in the last year										
Yes	23	28.8	104	24.8	127	25.4				

### Table 21: DIC Visiting Practice of FSWs

)	57	71.3	316	75.2	373	74.6
tal	80	100.0	420	100.0	500	100
tivities involved at DIC*						
ent to collect condoms	13	56.5	65	62.5	78	61.4
ent to learn the correct way of ing condom	20	87.0	88	84.6	108	85.0
ent to watch film on HIV/AIDS	15	65.2	57	54.8	72	56.7
rticipated in discussion on HIV ansmission	14	60.9	86	82.7	100	78.7
rticipated in discussion on STI ansmission	14	60.9	74	71.2	88	69.3
rticipated in training, interaction nd discussion programs on V/AIDS and STI	3	13.0	24	23.1	27	21.3
ent to collectIEC materials	0	0.0	3	2.9	3	2.4
ent for STI treatment	0	4.3	14	13.5	14	11.0
ok friend with me	1	4.3	2	1.9	3	2.4
tal	23	*	104	*	127	*
umber of times visited to the DIC ir	the last yea	ar		•	1	
nce	3	13.0	22	21.2	25	19.7
3 times	16	69.6	60	57.7	76	59.8
6 times	3	13.0	16	15.4	19	15.0
12 times	0	0.0	3	2.9	3	2.4
ore than 12 times	1	4.3	3	2.9	4	3.1
tal	23	100.0	104	100.0	127	100.0
ote: * The percent add up to more t				100.0	1 -	121

Table 22 showed the STI clinic visiting practice of FSWs. FSWs were asked whether they had visited any STI clinics in a year preceding the survey. Little more than one fourth of FSWs (25.6%) visited STI clinic in the past year. Most of the FSWs (93.8%) visited STI clinics for having their blood tested for STI followed by physical examination conducted for identifying STI (78.9%). Additionally, 15.6 percent of FSWs were advised to use condom in each sexual intercourse and 28.5 percent of them were advised to take complete and regular medicine. Regarding number of visit to STI clinic in the past year, 42.2 percent of the FSWs reported they had visited 2-3 times where 41.4 percent visited only once and 14.8 percent visited 4-6 times while only less than two percent visited STI clinic more than seven times during last 12 months.

Description	Street based		Establishment &	Total						
Description	Ν	%	Ν	%	N	%				
Drop in center (DIC) visit in the last year										
Yes	25	31.3	103	24.5	128	25.6				

### Table 22: STI Clinic Visiting Practice of FSWs

No	55	68.8	317	75.5	372	74.4
Total	80	100.0	420	100.0	500	100
Activities involved at STI Clinic*					•	•
Blood tested for STI	22	88	98	95.1	120	93.8
Physical examination conducted for STI identification	21	84.0	80	77.7	101	78.9
Was advised to use condom during each sexual intercourse	4	16.0	16	15.5	20	15.6
Was advised to take complete and regular medicine	4	16.0	29	28.2	33	25.8
Was suggested to reduce number of sexual partners	0	0.0	5	4.9	5	3.9
Took a friend with me	0	0.0	2	1.9	2	1.6
Total	25	*	103	*	128	*
Number of times visited to the STI	Clinic in the l	ast year				
Once	8	32.0	45	43.7	53	41.4
2-3 times	13	52.0	41	39.8	54	42.2
4-6 times	4	16.0	15	14.6	19	14.8
7-12 times	0	0.0	2	1.9	2	1.6
Total	25	100.0	103	100.0	128	100.0
Note: * The percent add up to more	e than 100 be	cause of mi	ultiple responses			

Table 23 depicts regarding HTC visiting practice of FSWs in last year. About 35.4 percent of FSWs reported that they had visited HTC in the year preceding the survey. Street based FSWs (36.3%) were more likely to visit HTC than those of establishment and home based FSWs (35.2%) in last 12 months. Among those who had visited HTC, 87 percent had received pre HIV test counseling, 74 percent had blood sample drawn for HIV and AIDS test, 69.5 percent had received post HIIV test counseling and 30.5 percent received information on HIV/AIDS window period. Similarly, 15.8 percent received test result at HTC and 10.7 percent received counseling on using condom correctly in each sexual intercourse. Regarding number of HTC visit in the past year, 53.1 percent of FSWs reported they had visited 2-3 times where 31.6 percent visited only once and 15.3 percent visited 4-6 times during last 12 months. More than one third (34.4%) FSWs reported that they had been approached and engaged in a discussion by the health/outreach workers and among them 94.2 percent were advised to visit HTC if they have some problems, 68 percent were advised them to visit HTC once in a month in any case, 27.3 percent did not talk about HIV testing and 25 percent talked about their sex partners.

Description	Street based		Establishment	Total					
Description	Ν	%	N	%	Ν	%			
Visited HTC in the last year									
Yes	29	36.3	148	35.2	177	35.4			

### Table 23: HTC Visiting Practice of FSWs

Description	Street based		Establishment	& home based	Total	
Description	N	%	N	%	N	%
No	51	63.8	272	64.8	323	64.6
Total	80	100.0	420	100.0	500	100
Activities involved at HTC*						1
Received pre-HIV/AIDS test	25		120	07.0	454	07.0
counseling	25	86.2	129	87.2	154	87.0
Blood sample taken for HIV/AIDS	22	75.9	109	73.6	131	74.0
test	22	75.5	105	73.0	151	74.0
Received post HIV/AIDS test	16	55.2	107	72.3	123	69.5
counseling		33.2	107	, 2.0	120	00.0
Received information on HIV/AIDS	9	31.0	45	30.4	54	30.5
window period		_			_	
Received HIV/AIDS test result	3	10.3	25	16.9	28	15.8
Received counseling on using	2	10.2	10	10.0	10	10 7
condom correctly in each sexual intercourse	3	10.3	16	10.8	19	10.7
Took a friend with me	0		4		4	
	0	0.0	4	2.7	4	2.3
Other (Specify)	2		4	2.7	6	3.4
Total	29	*	148	*	177	*
Number of times visited to the HTC in	the last yea	r				
Once	9	31.0	47	31.8	56	31.6
2-3 times	16	55.2	78	52.7	94	53.1
4-6 times	4	13.8	23	15.5	27	15.3
Total	29	100.0	148	100.0	177	100.0
Approached and explained about nee	d of HTC by	health wor	kers/outreach w	orkers	•	
Yes	31	38.8	141	33.6	172	34.4
No	49	61.3	279	66.4	328	65.6
Total	80	100.0	420	100.0	500	100.0
Topics discussed by the health worke	rs/outreach					
Talked about my sex partners	11	35.5	32	22.7	43	25
Advised to visit VCT if I have some	20		122		100	
problems	29	93.5	133	94.3	162	94.2
Advised me to visit VCT once in a	1 ⊑		102		117	
month in any case	15	48.4	102	72.3	11/	68
Did not talk about HIV testing	6	19.4	41	29.1	47	27.3
Others	0	0	2	1.4	2	1.2
	1	-	141	i	1	1

# 3.10 Stigma

This section describes about the stigma experienced by FSWs in last 12 months. Table 24 shows the stigma faced by FSWs. Most of FSWs (85.6%) do not hesitate to purchase goods from the HIV infected shopkeeper. Similarly, two third of the FSWs agreed that a student with HIV can sit together with other students in the classroom for the study where 6.8 percent do not know whether HIV infected student can study with other students or not but remaining 26.4 percent responded that HIV infected student cannot study with other student sitting on same class room.

Description	Street	based	Establishment &	home based	Total						
Description	Ν	%	N	%	N	%					
Willing to buy good from HIV infected shopkeeper											
Yes	66	82.5	362	86.2	428	85.6					
No	13	16.3	53	12.6	66	13.2					
Don't Know	1	1.3	5	1.2	6	1.2					
Total	80	100.0	420	100.0	500	100.0					
Willing children living with H	IIV should b	e able to atte	end school with othe	r children							
Yes	52	65.0	282	67.1	334	66.8					
No	21	26.3	111	26.4	132	26.4					
Don't Know	7	8.8	27	6.4	34	6.8					
Total	80	100.0	420	100.0	500	100.0					

# Table 24: Stigma among FSWs

# 3.11 Discrimination and violence faced by FSWs

In case of violence faced by the FSWs, 23.6 percent of the FSWs have felt verbal abused, discriminated or threatened in the past 12 months, where more street based FSWs (26.3%) than establishment and home based FSWs (23.1%). About 10 percent of FSWs faced physical attack in the past 12 months. Among those who had faced physical attack in the past 12 months, nearly three quarter (72.5%) had responded to the physical attack. It was found that nearly half (47.1%) of the physically attacked FSWs were from the clients, followed by husband/regular partner (31.4%), Police (2.1%) and Military (2.1%). Regarding the question whether the FSWs did any response against forced sex during last sex, 81.3% answered that they responded against the forced sex. Similarly, 29.2 percent of the FSWs reported that they had encountered clients who refused to pay money after having sex. In terms of the number of times those FSWs who encountered such problem more four times in the last six months, followed by one time (24.7%), two times (14.4%) and three times (13.7%) encountered such problems.

Description	Street	based	Establishment &	home based	Г	Total
Description	N	%	Ν	%	Ν	%
Verbal abused, discriminate	d or threate	ened In the pa	st 12 months			
Yes	21	26.3	97	23.1	118	23.6
No	59	73.8	323	76.9	382	76.4
Total	80	100.0	420	100.0	500	100.0
Faced physical attack in the	past 12 moi	nths				
Yes	8	10.5	43	10.4	51	10.4
No	68	89.5	370	89.6	438	89.6
Total	76	100.0	413	100.0	489	100.0
Did any response when FSW	s were phys	ically attacke	d last time			
Yes	3	37.5	34	79.1	37	72.5
No	5	62.5	9	20.9	14	27.5
Total	8	100.0	43	100.0	51	100.0
Who was/were the people w	who beat yo	u				
Client	5	62.5	19	44.2	24	47.1
Husband/Regular Partner	1	12.5	15	34.9	16	31.4
Police	0	0	1	2.3	1	2.0
Military	0	0	1	2.3	1	2.0
Other	2	25	7	16.3	9	17.6
Total	8	100	43	100.0	51	100.0
Forced to have sex with som	neone agains	t FSWs' wish	es	1		
Same	6	7.5	42	10.0	48	9.6
More	73	91.25	376	89.5	449	89.8
Don't Know	1	1.25	2	0.5	3	0.6
Total	80	100.0	420	100.0	500	100.0
Who was/were the people w	who forced t	o sex				
Client	4	66.7	24	57.1	28	58.3
Husband/Regular Partner	0	0.0	10	23.8	10	20.8
Police	0	0.0	1	2.4	1	2.1
Military	1	16.7	0	0.0	1	2.1
Other	1	16.7	7	16.7	8	16.7
Total	6	100.0	42	100.0	48	100.0
Did any response when FSW	s forced to	sex with last	time	1		
Yes	3	50.0	36	85.7	39	81.3
No	3	50.0	6	14.3	9	18.7
Total	6	100.0	42	100.0	42	100.0
Have FSWs ever encountere	d any client	who refused	to give money after	having sex		
Yes	22	27.5	124	29.5	146	29.2
No	58	72.5	296	70.5	354	70.8

# Table 25: Discrimination and violence faced by FSWs

Description	Str	eet based	Establishment &	home based	Total		
Description	N	%	Ν	%	N	%	
Total	80	100	420	100.0	500	100	
Number of times that FSWs encounter such problems in past six months							
Once	8	36.4	28	22.6	36	24.7	
Two times	1	4.5	20	16.1	21	14.4	
3 times	2	9.1	18	14.5	20	13.7	
4 or more times	11	50.0	58	46.8	69	47.3	
Total	22	100.0	124	100.0	146	100.0	

## **3.12 Suicidal Tendency**

Table 26 depicts the suicidal tendency among FSWs. It was found above one-fifth (22.8%) of the FSWs thought committing suicide because of self-hesitation in the past 12 months, among them more home and establishment based (23.8%) had thought such than that street based FSWs (19.5%). Among those who thought suicide, nearly half (49.1%) had ever-made plan to commit suicide and two out of five (40.2%) of them had ever-attempted suicide.

### Table 26: Suicidal tendency among FSWs

Description	Street based			ment & home pased	Total		
	Ν	%	N	%	N	%	
Thinking of commit suicide bec	ause of hesitation feel	ing yourself in the	past 12 mon	ths			
Yes	15	19.5	97	23.4	112	22.8	
No	62	80.5	317	76.4	379	77.0	
No response	0	0.0	1	0.2	1	0.2	
Total	77	100.0	415	100.0	492	100.0	
Ever had made a plan to comm	nit suicide	•					
Yes	9	60.0	46	47.4	55	49.1	
No	6	40.0	51	52.6	57	50.9	
Total	15	100.0	97	100.0	112	100.0	
Ever attempted suicide							
Yes	8	53.3	37	38.1	45	40.2	
No	7	46.7	60	61.9	67	59.8	
Total	15	100.0	97	100.0	112	100.0	

### **3.13 Social Depression**

Table 27 depicts the social depression occurred among FSWs. Above three-fifth (61.6%) FSWs thought that they were bothered by the things that usually they don't used to bothered for some or a little time in the past week where above a quarter (27.8%) do so occasionally or 3-4

days in the past week and only 4.2 percent used to bothered most of the time (5-7 days) in the past week. Above two-third (68.2%) FSWs said that they had poor appetite for some times (1-2 days) while nearly a quarter (24.2%) had no idea it. Similarly, nearly three-fifth of (58.5%) FSWs felt depressed sometimes (1-2 days) and above a quarter (28.2%) occasionally (3-4 days) do so in the past week.

About three-fifth (58.4%) of FSWs had thought that their life have been failure for some times (1-2 days) in the past week while just 4 percent thought so most of the time (5-7 days) in the past week. Similarly, above two-third (68.6%) FSWs said that they used to talk less than usual sometimes (1-2 days) in the past week while above one-fifth (21.8%) had no idea about it.

Nearly half (46.2%) FSWs felt sad sometimes (1-2 days) where below two-fifth (37.8%) felt sad occasionally (3-4 days) in the past week. Likewise, three-fifth (60.8%) of FSWs felt that people dislike them sometimes (1-2 days) and 15.2 percent felt so occasionally (3-4 days) in the past week while above one-fifth (22.8%) had no idea about it. (For more detail information about social depression, please refer annex 5, table 48).

Description	Street based			nent & home ased	Total		
	Ν	%	N	%	N	%	
I was bothered by things that	t usually don't bother	me					
Some or a little of the time (1-2 days)	56	70.0	252	60.0	308	61.6	
Occasionally or moderate of the time (3-4 days)	17	21.3	122	29.0	139	27.8	
Most or all the time (5-7 days)	1	1.3	20	4.8	21	4.2	
Don't know	6	7.5	26	6.2	32	6.4	
Total	80	100.0	420	100.0	500	100.0	
I did not feel like eating; my	appetite was poor	•	11				
Some or a little of the time (1-2 days)	52	65.0	289	68.8	341	68.2	
Occasionally or moderate of the time (3-4 days)	5	6.3	27	6.4	32	6.4	
Most or all the time (5-7 days)	0		6	1.4	6	1.2	
Don't know	23	28.8	98	23.3	121	24.2	
Total	80	100.0	420	100.0	500	100.0	
I felt depressed					1		
Some or a little of the time (1-2 days)	49	61.3	243	57.9	292	58.4	
Occasionally or moderate of the time (3-4 days)	19	23.8	122	29.0	141	28.2	
Most or all the time (5-7 days)	2	2.5	25	6.0	27	5.4	

### Table 27: Social depression of FSWs

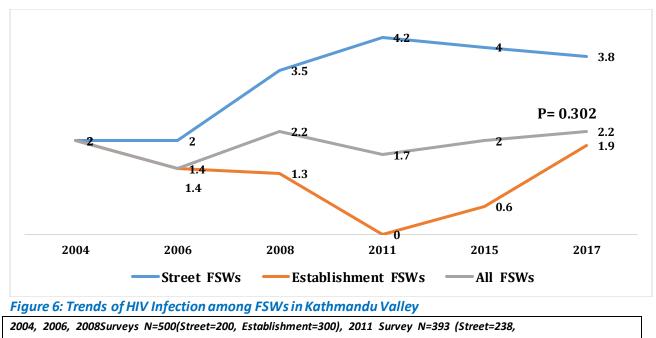
Don't know	10	12.5	30	7.1	40	8.0
Total	80	100.0	420	100.0	500	100.0
I thought my life had been a fai	lure		•	L	1	
Some or a little of the time (1-2 days)	50	62.5	239	56.9	289	57.8
Occasionally or moderate of the time (3-4 days)	17	21.3	116	27.6	133	26.6
Most or all the time (5-7 days)	3	3.8	17	4.0	20	4.0
Don't know	10	12.5	48	11.4	58	11.6
Total	80	100.0	420	100.0	500	100.0
I talked less than usual						
Some or a little of the time (1-2 days)	50	62.5	293	69.8	343	68.6
Occasionally or moderate of the time (3-4 days)	9	11.3	36	8.6	45	9.0
Most or all the time (5-7 days)	0		3	.7	3	.6
Don't know	21	26.3	88	21.0	109	21.8
Total	80	100.0	420	100.0	500	100.0
I felt sad		·				
Some or a little of the time (1-2 days)	45	56.3	186	44.3	231	46.2
Occasionally or moderate of the time (3-4 days)	22	27.5	167	39.8	189	37.8
Most or all the time (5-7 days)	8	10.0	48	11.4	56	11.2
Don't know	5	6.3	19	4.5	24	4.8
Total	80	100.0	420	100.0	500	100.0
I felt that people dislike me						
Some or a little of the time (1-2 days)	52	65.0	252	60.0	304	60.8
Occasionally or moderate of the time (3-4 days)	8	10.0	68	16.2	76	15.2
Most or all the time (5-7 days)	2	2.5	4	1.0	6	1.2
Don't know	18	22.5	96	22.9	114	22.8
Total	80	100.0	420	100.0	500	100.0

# **CHAPTER VI: TRENDS ANALYSIS OF KEY INDICATORS**

This chapter analyzes the trends of HIV infection and syphilis, key socio-demographic characteristics, condom carrying practice, consistent condom use with various clients/partners, comprehensive knowledge of HIV and exposure to HIV programs. Findings of the different rounds of IBBS (2004, 2006, 2008, 2011 and 2015) have been compared with the findings of the present survey in 2017. Indicators such as prevalence of HIV infection and STIs; condom-use practices, knowledge of HIV and AIDS; and program exposure to HIV and AIDS prevention/awareness activities targeted for FSWs were used for trend analysis. Chi-square test for the trend analysis was used to observe the association with the results of different rounds of the IBBS surveys.

### 4.1 Trend of prevalence of HIV and Syphilis

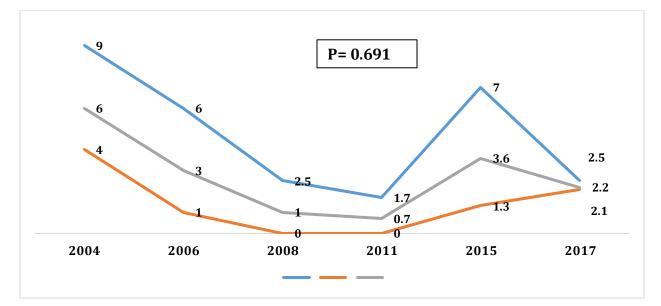
Figure 6 shows the trend analysis of prevalence of HIV. The prevalence of HIV infection among FSWs was 2.2 percent in the current (6<sup>th</sup>) round of IBBS survey (2017). This round of prevalence of HIV is the highest among previous rounds of surveys except the third round of survey (2008) that was similar to this round of survey. HIV prevalence increase among establishment and home based FSWs compared to previous rounds of IBBS surveys.



Establishment= 355), 2015 N=500(Street=200, Establishment=300), 2017 N=500(Street=80, Establishment=420)

Figure 7 shows that there was noticeable decrease in the prevalence of active syphilis since the first round of survey (6% in 2004; 3% in 2006; 1% in 2008; and 0.7% in 2011) to fourth round of

survey but it was increased to 3.6 percent in fifth round (2015) of the survey and again decreased to 2.2 percent in this present survey. Similarly, there was declining trend of active syphilis among the establishment based FSWs since the first round of the IBBS survey (2004) till fourth round of survey and was increased to 1.3 in fifth round (2015). Prevalence of active syphilis among establishment based FSWs was 2.1 percent in this round of survey, which was higher than the previous rounds of the survey. The trend of active syphilis shows that it was noticeably decreased from the first round (9%) to fourth round (1.7%) but increased to 7 percent and plunged to 2.5 percent in sixth round. Similarly, the trend of syphilis history shows same pattern as active syphilis which was decreased from 4 percent (2004) to 0 percent (2008 and 2010) and increased to 1.3 percent in 2015 and 2.1 percent in 2017.



#### Figure 7: Trends of Active Syphilis among FSWs in Kathmandu Valley

2004, 2006, 2008Surveys N=500(Street=200, Establishment=300), 2011 Survey N=393 (Street=238, Establishment= 355), 2015 N=500(Street=200, Establishment=300), 2017 N=500(Street=80, Establishment=420)

### 4.2 Key socio-demographic characteristics

The section reveals that trend analysis of key socio- demographic characteristics and condom carrying practice over the rounds of the surveys. Table 28 shows the trend analysis of key socio-demographic characteristics among FSWs. The proportion of FSWs less than 20 years of age was gradually decreased significantly from first round (30.6%) to 12.6 percent in fifth round and increased to of survey. This proportion has remained stable around 30 percent in all of the previous first four rounds of IBBS surveys. The percent of establishment based FSWs less than 20 years of age in this round (13.8%) were higher than that of street based FSWs (10%) following the previous trends. The percent of FSWs ever married has been significantly

increased from 75.7 percent in 2011 to 86 percent in fifth round and decreased 83.8 percent in this round (p=0.989). The trend of education (attended some years of school) was consistent throughout the survey period with above 50 percent (the highest (58.2%) in 2011 and lowest in (52%) in 2017 (p=0.379). The percent of FSWs reporting to have been engaged in first sexual contact at less than 20 years of age has been decreased from 80.2 percent in 2015 to 79.3 percent in this round (p=0.001). The proportion of establishment based FSWs who had their first sexual contact at the age of less than 20 years remained stable over the years (around 92 % in previous rounds), which has been decreased significantly (92.7% in 2011 to 82%) in this round has increased in comparison to previous fifth round (78.4%) of the survey (p=0.001). The proportion of the FSWs who entered the sex trade recently i.e. less than one year preceding the survey was the lowest (25%) among the surveys while it was above 33 percent in each previous surveys except fourth round (27.6%).

		IBBS S	urvey (rour	nd of years)			Duchus
Description	2004	2006	2008	2011	2015	2017	P value
Age of FSWs (Less than 20)							
Street	16	21.5	14	17.6	11.5	10.0	
Establishment	40.4	36	37.3	35.5	13.3	13.8	
Total	30.6	30.2	28	28.3	12.6	13.2	0.356
Marital Status (Ever married)	)						
Street	89	82	83	84.9	90.5	83.8	
Establishment	60	71.7	62.7	69.6	83	83.8	
Total	71.6	75.8	70.8	75.7	86	83.8	0.989
Education(Attended some ye	ars of Schooling	g)					
Street	33.5	40.5	40.5	46.6	46.5	47.5	
Establishment	65	67	63	65.9	59.4	52.9	
Total	52.4	56.4	54	58.2	54.2	52.0	0.379
Age at first sex (Less than 20)							
Street	92.5	92	83	88.2	83	65.0	
Establishment	90.3	92.3	90.7	92.7	78.4	82.0	
Total	91.2	92.2	87.6	90.9	80.2	79.3	0.001
Duration of sex work (<1year	·)						
Street	25	27	26.5	23.1	35.5	23.8	
Establishment	39.3	45	38.7	30.7	36	25.2	
Total	33.6	37.8	33.8	27.6	35.8	25.0	0.704
Average Number of Clients							
Mean no. of client per day	1.6	1.5	1.6	1.6	2.1	2.0	

Table 28: Trend Analysis of Socio Demographic Characteristics of FSWs

		IBBS S	urvey (rour	nd of years)			P value			
Description	2004	2004 2006 2008 2011 2015 2017								
Mean no. of client per week	4.8	4.5	5.4	5.0	4.1	3.9				
2004, 2006, 2008Surveys N=500(Street=200, Establishment=300), 2011 Survey N=393 (Street=238,										
Establishment= 355), 2015 N	=500(Street=200	, Establishme	ent=300), 2	017 N=500(	(Street=80, E	Establishmer	nt=420)			

The mean number of clients served by FSWs per day was constant around 1.5 clients per day in the previous first four rounds of survey. Unlike this, the mean number of clients per day has been increased from 1.6 to 2 clients per day in fifth round and sixth round of IBBS survey. Similarly, the mean number of clients per week has also been decreased from 5 clients per week to 4.1 clients per week in 2015 and again decreased to 3.9 clients in 2017.

Table 29 depicts the trend analysis of condom carrying practice and HIV testing FSWs. It shows the condom carrying practice was in significantly decreasing trend since 2006 (32.6 in 2006, 27.4% in 2008, 21.2% in 2011 and 12.8% in 2015) (p=0.459) and increased the condom carrying practice in sixth round of survey (38.8% in 2017). This increase was equally significant in both the street based FSWs (15.5% to 42.5%) and establishment based FSWs (11% to 38.1%). The proportion of FSWs reporting to have performed HIV test was in increasing trend (40.6% in 2006, 40.2% in 2008, 64.4% in 2011 and 69.5% in 2015) until fifth round of the survey but was decreased to 55.1 percent in this ( $6^{th}$ ) round. The trend has followed similar pattern in both street based and establishment based FSWs.

		<b>IBBS Surve</b>	ey ( round o	f the year	5)		P value
Description	2004	2006	2008	2011	2015	2017	
FSWs carry condom usually							
Street	30	43	46.5	27.7	15.5	42.5	
Establishment	4.7	25.7	14.7	16.9	11	38.1	
Total	14.8	32.6	27.4	21.2	12.8	38.8	0.459
Ever had an HIV Test							
Street		47.5	42.5	66.4	73.5	55.7	
Establishment		36	38.7	63.1	66.9	55.1	
Total		40.6	40.2	64.4	69.5	55.2	0.915
2004, 2006, 2008Surveys N=500	) (Street=200,	Establishment	=300), 2011	Survey N	=393 (St	reet=238,	
Establishment= 355), 2015 N=500	0(Street=200,	Establishment=	300), 2017 I	N=500(Stre	et=80, Es	tablishme	ent=420)

Table 29: Trend analysis of Condom Carrying Practice and HIV Test among FSWs

### 4.3 Consistent condom use (CCU) with different partners

This section explains the trend of consistent use of condoms by FSWs with different sex partners over the round of survey years. Table 30 shows the trend analysis of consistent condom use with different sex partners. There was marginal increase in the use of condom among FSWs with most recent client (83% in 2015 to 84.8% in 2017). The use of condom with most recent client increased among street based FSWs (85.5% in 2015 to 87.5% in 2017), as well as establishment based FSWs (81.3% to 84.3%) (p=0.463).

Consistent condom use in all the sexual intercourse with the clients in the past year has been decreased in fifth round of survey (70.6% in 2015 to 63.4% in 2017). There was significant decrease in the consistent use of condom practice among establishment based FSWs (73% in 2015 to 62.4% in 2017) but it was slightly increased among street based FSWs (67% in 2015 to 68.8% in 2017). The overall practice of consistent use of condom with regular sex clients in the past year has been declined (72.8% in 2015 to 61.7% in 2017) significantly. This decline has been observed due to the sharp decrease (76.2% in 2015 to 61.2% in 2017) in practice of consistent condom use among establishment based FSWs, but there was slightly decreased in fifth and sixth round (67.7% in 2015 to 64.2% in 2017) of the surveys among street based FSWs (p=0.528). Similarly, consistent condom using practice with non-paying regular partner in the past year has been decreased among both street based (23% in 2015 to 8.8% in 2017) and establishment based FSWs (31% in 2015 to 19.5% in 2017) (p=0.132). The consistent condom using practice with the past year has been decreased among street based among street based form 2015 to 82.8% among establishment based and 74.6% to 82.4% among street based from 2015 to 2017.

	IBBS Survey (round of years)						P value
Description	2004	2006	2008	2011	2015	2017	
Use of Condom with most recent client							
Street	80.5	72.5	72.5	83.6	85.5	87.5	
Establishment	69.7	80.3	76.7	82	81.3	84.3	
Total	74	77.2	75	82.6	83	84.8	0.463
Consistent use of condom with the client in	the past year	ar					
Street	57.5	52.5	51.5	71.8	67	68.8	
Establishment	56	58.7	55.3	74.4	73	62.4	
Total	56.6	56.2	53.8	73.4	70.6	63.4	0.528
Consistent use of condom with regular clients in the past year							
Street	65.7	67.8	59.9	74.5	67.7	64.2	

#### Table 30: Trend analysis of Consistent Condom Use with Different Sex Partners in the Past year

		IBBS	Survey (ro	ound of ye	ars)		P value	
Description	2004	2006	2008	2011	2015	2017		
Establishment	60.5	63.4	55.3	74.7	76.2	61.2		
Total	62.5	65.1	57.2	74.6	72.8	61.7	0.719	
Consistent use of condom with non-paying r	egular part	ner in the	e past year					
Street	17.4	6.1	7.4	12.8	23	8.8		
Establishment	18.7	7.9	3.9	10.9	31	19.5		
Total	18.1	7.2	5.4	11.6	27.8	17.8	0.132	
Consistent use of condom with the partner of	other than c	lient, hus	sband, ma	le friend ir	n the past	year		
Street		56.3	61.4	74	74.6	82.4		
Establishment		59.7	38.1	79	81.6	82.8		
Total		58.5	49.2	76.9	78.4	82.7	0.737	
2004, 2006, 2008Surveys N=500(Street=200, Establishment=300), 2011 Survey N=393 (Street=238,								
Establishment= 355), 2015 N=500(Street=200,	, Establishm	ent=300)	, 2017 N=	500(Street	=80, Esta	blishment	=420)	

# 4.4 Comprehensive knowledge on HIV

This section describes the trend of comprehensive knowledge of survey FSWs on HIV. The table 31 shows the trend of comprehensive knowledge on HIV. There was drop in knowledge of ABC in this round of IBBS following the decreasing trend of previous years (55.2% in 2006, 58.4% in 2008, 47.6 % in 2011, 30.6% in 2015 and 12.8% in 2015). Similarly, there was decline in knowledge of BCDEF among FSWs (30.4% in 2011 to 8% in 2017).

### Table 31: Trend of comprehensive knowledge on HIV

		IBBS Su	urvey (round	of years)		P value
Description	2006	2008	2011	2015	2017	
A. Can protect themselves thr	ough abstinence fro	om sexual con	tact			
Street	0	71	57.1	56.6	48.8	
Establishment	5.3	68	60.8	59.5	46	
Total	.2	69.2	59.6	5 8.4	46.4	0.646
B. Can protect themselves thr	ough monogamous	sexual conta	ct			
Street	2	79	81.5	61.9	66.7	
Establishment	6.7	84.7	79.4	60.5	60.8	
Total	.2	82.4	80.5	6 1	61.8	0.782
C. Can protect themselves thr	ough condom use e	very time dui	ing sex			
Street	6.5	86	91.2	65.6	86.1	
Establishment	6.3	95.7	86.5	70.3	75.7	
Total	.4	91.8	88.7	6 8.5	77.6	0.176
D. A healthy looking person ca	n be infected with	HIV				

		IBBS S	urvey (round	of years)		P value
Description	2006	2008	2011	2015	2017	
Street	9.5	91	89.9	76.2	90	
Establishment	3.3	93	87.6	75.7	82.3	
Total	.8	92.2	88.8	7 5.9	84.4	0.13
E. A person cannot get HIV vi	rus from mosquito b	ite	·			
Street	5.5	39	47.1	43.9	40	
Establishment	7.3	51.3	41.7	39.2	37.5	
Total	.6	46.4	44	4	37.9	0.538
F. A person cannot get HIV by	sharing meal with a	n HIV infecte	ed person			
Street	9	76	77.7	15.3	73.8	
Establishment	5	86	82	17.2	75.7	
Total	.6	82	80.5	1 6.5	75.4	0.34
Knowledge of ABC						
Street	0	57	46.2	27	17.5	
Establishment	2	59.3	48.5	33	11.9	
Total	.2	58.4	47.6	3 0.6	12.8	0.192
Knowledge of BCDEF						
Street	9	27.5	34.5	15	8.8	
Establishment	1	42.3	27.6	18.7	7.9	
Total	.2	36.4	30.4	1 7.3	8	0.857
2004, 2006, 2008Surveys N=	500(Street=200, Est	ablishment=3	00), 2011 S	urvey N=393 (	Street=238,	
Establishment= 355), 2015 N=	500(Street=200, Esta	blishment=30	00), 2017 N=	500(Street=80,	Establishm	ent=420)

### 4.5 Exposure to HIV programs (PE, DIC, STI and HTC)

This section describes the exposure of HIV programs to the FSWs (FSWs) over the round of years. Table 29 represents the trends of program exposures on PE/OE/CM, DIC, STI and HTC activities. The proportion of FSWs who had met or discussed with OEs /PEs in this round of survey has been declined sharply (71.4% in 2015 to 45.8% in 2017) though the considerable proportion of them did so in the previous round of years (83.2% in 2006, 59.6% in 2008, 83.3% in 2011) (p=0.739). A noticeable increase in previous rounds (21.6% in 2008, 33.7% in 2011, and 54.6% in 2015) has been observed in DIC visiting practices but plunged significantly to 25.4 in this round of the survey. However, STI clinic visiting practice (26.8% in 2015 to 25.4% in 2017) was remained consistent but HTC center visiting practices (24.4% in 2015 to 35.4%) had been significantly inclined in this round of the IBBS survey.

Description	IBBS Survey (round of year)					P value
	2006	2008	2011	2015	2017	
Met or discussed with OEs/	/PEs					
Street	79.5	61.5	82.4	74	47.5	
Establishment	85.7	58.3	84.4	69.6	45.5	
Total	83.2	59.6	83.3	71.4	45.8	0.739
Visited DIC						
Street	5	26.5	43.7	56	28.8	
Establishment	8.7	18.3	27	53.7	24.8	
Total	.2	21.6	33.7	54.6	25.4	0.453
Visited STI clinic						
Street	1	32.5	45.8	28	31.3	
Establishment	6	24.7	42.5	26	24.5	
Total		27.8	43.8	26.8	25.6	0.206
Visited HTC center						
Street	8.5	39.5	56.7	32.5	36.3	
Establishment	1.3	28.3	51.3	19	35.2	
Total	.2	32.8	53.5	24.4	35.4	0.862
2006, 2008Surveys N=500	(Street=200, Establ	ishment=300), 20	11 Survey N	=393 (Street=2	.38,	
Establishment= 355), 2015	N=500(Street=200,	Establishment=300	), 2017 N=50	0(Street=80, E	stablishment	:=420)

# Table 32: trends in exposure to HIV programs (PE, DIC, STI and HTC)

# **CHAPTER V: CONCLUSION AND IMPLICATION**

# 5.1 Conclusion

The following conclusions are drawn from the analysis of the findings of the IBSS survey among FSWs (FSWs) of under the prevalence of HIV and syphilis, socio-demographic characteristics, sexual, condom use behaviors, knowledge and testing practice of HIV, exposure to program interventions on HIV and stigma and discrimination:

### 5.1.1 Prevalence of HIV and Syphilis

About 11 FSWs (2.2%) were HIV positive and among them, three were from street based FSWs (3.8%) and eight (1.9%) were from establishment and home based FSWs. Similarly, 2.2 percent FSWs had active syphilis infection and 2.6 percent of the FSWs reported the syphilis history. The prevalence of the active syphilis has decreased in comparison to the prevalence of previous fifth round of the survey. HIV and Syphilis prevalence increased among establishment and home based FSWs.

## 5.1.2 Socio-demographic characteristics

More than FSWs (54%) belonged to Janajatis and more than one third (35.8%) of FSWs were above 35 years. The median age of the FSWs was 30 years. Nearly one quarter (25.6%) of the FSWs were illiterate. Two third (66.2%) FSWs were married and 80 percent FSWs had got marriage during adolescent age (19 years or below).

### 5.1.3 Sexual behavior of FSWs

Majority of the FSWs (63.6%) had first sexual intercourse during 15-19 years of age and another 15.6 percent had early experience of sexual contact during 10-14 years. Above one third (34%) of the sex workers had been indulging as sex workers since 7-12 months and less than one quarter (23.2%) of them were involving in sexual intercourse for more than 48 months. Majority of them had sex work at hotel/lodges (71.4%).

### 5.1.4 Condom use behavior of FSWs

More than four-fifths (84.8%) of the FSWs had used condom with their recent clients. About 62 percent of the FSWs had sex with regular clients in the past one year and majority of them (80.7%) had used condom with most recent regular clients. About 18 percent of the FSWs had used condom in every sexual contact with the non-paying regular partners in the past one-year, which very low.

### 5.1.5 Knowledge of HIV

It was found that FSWs were aware of A (abstinence from sex), B (being faithful to one partner or avoiding multiple sex partners), and C (consistent condom use or use of a condom during every sex act) as HIV preventive measures were 46.4 percent, 61.8 percent, and 77.6 percent, respectively. Overall, 12.8 percent of the FSWs correctly identified all three A, B, and C as HIV preventive measures. Similarly, 88.4 percent of the FSWs knew that D (a healthy looking person can be infected with HIV), 37.9 percent of them identified that E (a person cannot get HIV from a mosquito bite), and 75.4 percent knew that F (A person cannot get HIV by sharing meal with an HIV infected persons). Only eight percent of the FSWs were aware of all the five major indicators i.e. BCDEF. The knowledge of BCDFF is less than that knowledge of ABC.

## 5.1.6 HIV test practice

Nearly two third (65.4%) had knowledge of necessity of HIV testing and 80 percent FSWs knew the confidential HIV test places were in their communities. The large majority (85.4%) of FSWs had their most recent HIV test within last 12 months before the survey and 55.2 percent FSWs had ever tested the HIV themselves.

## 5.1.7 Exposure to HIV intervention program

Nearly half of the FSWs (45.8%) had met or interacted with PEs/OEs in the last 12 months for discussion on how HIV/AIDS is/isn't transmitted and 25.4 percent of FSWs had visited DICs for learning correct way of using a condom. Similarly a quarter (25.6%) of FSWs had visited STI clinic for blood testing to examine sexual diseases in the past 12 months and 35.4 percent of FSWs had visited HTC to get HIV test counseling.

# 5.1.8 Stigma and discrimination

It was found that two third of the FSWs agreed that a student with HIV can sit together with other students in the classroom for the study and 23.6 percent of the FSWs had felt verbal abused, discriminated or threatened or physical attack by clients, forced sex and escaped without giving money after having sex within the past 12 months.

# **5.2 Recommendations**

Analyzing the facts and figures of the survey, the following implications are recommended:

### Provide life skills and vocation trainings to feel self-esteem

It was found that the more than two third (66.6%) of FSWs from FSWs community were under primary education including illiterate population and 66.2 percent were married who were involving in sex trade. It is estimated that they were involving due to fulfill their household needs because they did not have any other job opportunities in market as their level. So that it would great for them to provide life skills and vocational trainings as per their need through CBOs formed by Jagriti Mahila Mahasangh (JMMS) and provide necessary support such as seed money and instruments or equipment to start up their micro business. It helps them better option to earn money as well live within family as well as in society with self-esteem.

# Strengthen the capacity of Drop in Center (DIC)

Most of married women (66.2%) were involving in sex trade and HIV Prevalence is increasing over the period. So there is high risk of transmission of HIV and STI disease to their husband and newly born children. Thus provide counseling and regular check and follow up to such FSWs by strengthening the capacity of Drop in Center (DIC).

### Establish service center and information board targeting street based FSWs

This 6<sup>th</sup> round of IBBS survey among FSWs found that the Prevalence of HIV (3.9%) and active Syphilis (2.5%) is higher in street based than establishment and home based FSWs. So there is necessary to provide more program interventions and service center for example DIC with sufficient facilities (condoms, counseling and even blood testing facilities) and information board like hoarding or electronic board targeting HIV and STI disease and process of getting service if they HIV and STI.

# Provide some program interventions to owners of Hotel/Lodges on HIV/STI

It was found that more than 70 percent FSWs having sex with their clients at hotels or lodges. So that the hotel/lodges owners have to bring under the program intervention by providing necessary trainings and awareness raising activities regarding HIV/STI for them. They can help to such sex workers who comes to their hotels/lodges by providing information materials and condoms.

## Conduct awareness activities for spouse of FSWs

It was found that more than 50 percent-married FSWs were participated in the survey. So their husbands may be victims of HIV. Thus it would be good if some awareness activities conducted by them directly or indirectly and encourage to them for HIV test.

## Provide continuity of awareness activities

However the knowledge and awareness level of FSWs of this 6th round IBBS survey among FSWs is increased. But also the awareness activities and DIC services are highly recognized for Key Affected Populations (KAPs) because of these populations are increasing day by day entering in market. Thus the awareness activities need to give continuity forever or up to zero HIV.

## Conduct further qualitative study to investigate gaps

HIV and Syphilis are increasing among establishment -based FSWs. Intensified intervention is needed incorporating GOs and I/NGOs to reduce the HIV and syphilis prevalence. Further qualitative study is also needed to explore the factors and gaps for recent increase in HIV/STI in establishment-based FSWs.

### Promote the comprehensive knowledge and misconceptions

Knowledge on ABC and BCDEF are decreasing compared to previous rounds of IBBS surveys. BCDEF knowledge is less than 10 percent. Therefore, comprehensive knowledge and misconceptions should be promoted through multiple channels suggesting major concerns.

### Focus on the consistent use of condom

Consistent condom use with clients, regular clients and non-paying partners are decreasing compared to previous round of surveys. Thus, the program should focus on the consistent condom use with suggesting public health interventions to all type of partners.

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# ANNEXURE

# Annex 1: Background of FSWs

Indicat ors	Indicator Titles	Age belo	w 25 years (%)	Age 25 ar	nd above years (%)	Total FSWs (%)
		Street Based	Establishment and home Based	Street Based	Establishment and home Based	
3.3A	Percent of sex worker who are living with HIV					<b>2.2</b> (N=500)
3.4A	Percent of sex workers who know their HIV status	40 (N=20)	38.8 (N=129)	61(N=59)	62.4(N=287)	<b>55.2</b> (N=495)
3.6A	Percent of sex workers reporting using a condom with their most recent client	90.5(N=21)	87(N=131)	86(N=59)	83(N=281)	<b>84.8</b> (N=500)
3.7A	Percent of sex workers reporting having received a combined set of HIV prevention interventions	37.5(N=16)	27.5(N=102)	57.8(N=45)	58.8(N=243)	<b>49.8</b> (N=408)
3.11	Percent of sex workers with active syphilis					2.2 (N=500)

Table 33: Indicators of Global AIDS Monitoring

#### Table 34: contacted the respondent

Contacted the respondent	Street based	Establishment and home based	Total
MetPersonally	0	4	4
Through known FSW	3	10	13
Through PE	8	26	34
Through OE/CM	69	380	449
Total	80	420	500

# Table 35: work place of the respondent (sex worker)

Description	Street based			Establishment & home based		Total	
	N	%	N	%	Ν	%	
Disco	0	0.0	1	0.2	1	0.2	
Dance Restaurant	0	0.0	14	3.3	14	2.8	
Cabin Restaurant	2	2.5	14	3.3	16	3.2	
Call girl	3	3.8	20	4.8	23	4.6	
Message parlor	0	0.0	2	0.5	2	0.4	
Home	1	1.3	47	11.2	48	9.6	
Bhati pasal	0	0.0	3	0.7	3	0.6	
Street	32	40.0	9	2.1	41	8.2	
Garment/ Carpet industry	0	0.0	2	0.5	2	0.4	
Restaurant	3	3.8	23	5.5	26	5.2	
Dohari restaurant	3	3.8	6	1.4	9	1.8	
Hotel & lodge	35	43.8	274	65.2	309	61.8	
Other	1	1.3	5	1.2	6	1.2	
Total	80	100.0	420	100.0	500	100.0	

# Table 36: Pregnancy History of ever Married FSWs

Description	Street based		Establishment & home based		Total		
Description	N	%	N	%	N	%	
Ever given birth							
Yes	59	88.1	319	90.6	378	90.2	
No	8	11.9	33	9.4	41	9.8	
Total	67	100.0	352	100.0	419	100.0	
Number of live births							
One	26	44.8	132	41.4	158	41.9	

Two		<b>6</b>		a: =		
Two	20	34.5	101	31.7	121	32.1
Three	7	12.1	51	16.0	58	15.4
Four or more	5	8.6	35	11.0	40	10.6
Total	58	100	319	100.0	377	100.0
Ever had miscarriage						
Yes	13	22.0	56	17.6	69	18.3
No	46	78.0	263	82.4	309	81.7
Total	59	100.0	319	100.0	378	100.0
Number of miscarriage						
One	9	69.2	38	67.9	47	68.1
Тwo	4	30.8	11	19.6	15	21.7
Three and more	0	0.0	7	12.5	7	10.1
Total	13	100.0	56	100.0	69	100.0
Ever terminated/aborted an	y pregnancies					
Yes	31	38.8	142	33.8	173	34.6
No	49	61.3	278	66.2	327	65.4
Total	80	100.0	420	100.0	500	100.0
Number pregnancies termina	ated/aborted					
One	22	71.0	84	59.2	106	61.3
Тwo	6	19.4	44	31.0	50	28.9
Three and more	3	9.7	14	9.9	17	9.8
Total	31	100.0	142	100.0	173	100.0
Person who assisted the last	abortion	I				
Doctor	15	48.4	57	40.1	72	41.6
Nurse	6	19.4	50	35.2	56	32.4
Midwife	0	0.0	1	0.7	1	0.6
ТВА	3	9.7	0	0.0	3	1.7
Friend	0	0.0	1	0.7	1	0.6
Others	7	22.6	33	23.2	40	23.1
Total	31	100.0	142	100.0	173	100.0

#### Table 37: Desire to have children and outcome of Last Pregnancy

Description	Street based		Establishment & home based		Total			
	N	%	N	%	Ν	%		
Wish to have child in the next two years								
Yes	6	7.5	21	5.0	27	5.4		
No	74	92.5	399	95.0	473	94.6		
Total	80	100.0	420	100.0	500	100.0		
Was Pregnant in the last 12 months								
Yes	2	2.5	16	3.8	18	3.6		

No	78	97.5	404	96.2	482	96.4
Total	80	100.0	420	100.0	500	100
Outcome of last Pregnancy						
Live Birth	1	50.0	2	12.5	3	16.7
Spontaneous abortion	1	50.0	13	81.3	14	77.8
CurrentlyPregnant	0	0	1	6.3	1	5.6
Total	2	100.0	16	100.0	18	100.0

#### Table 38: Currently living of married FSWs who do not live with her husband

Description	Street based		Establishment & home based		Total			
	Ν	%	N	%	N	%		
Currently Living of married FSWs who do not live with her husband								
Male friend	0	0.0	1	0.8	1	0.6		
Relatives	3	10.0	13	9.8	16	9.8		
Otherfemales	5	16.7	12	9.0	17	10.4		
Children	16	53.3	86	64.7	102	62.6		
Alone	6	20.0	21	15.8	27	16.6		
Total	30	100.0	133	100.0	163	100.0		

# Annex 2: Association of HIV and STI

Description	Street based		Establishmei base		Total	
	HIV+ve(3)	% (3.8)	HIV+ve(8)	% (1.9)	HIV+ve(11)	% (2.2)
Age (in years)						
Less than 20 years	0	0	1	1.7	1	1.5
20 or above	3	4.2	7	1.9	10	2.3
P value		0.56		0.91		0.30
Level of Education						
Illiterate and Literate but no schooling	3	7.1	5	2.5	8	3.3
Schooling grade 1 to 10, SLC and above	0	0	3	1.3	3	1.2
P value		0.24		0.48		0.13
Marital Status						
Ever Married	3	4.5	7	2	10	2.4
Never Married	0	0	1	1.5	1	1.2
P value		1.0		1.0		1.0
Duration of work as a sex worker						
Less than a year 12-23 months	0	0.0	2	1.2	2	0.9
24 months or more	3	6.3	6	2.6	9	3.2
P value		0.27		0.31		0.12
Number of clients per week						
Less than 5	2	4	3	1	5	1.4
5 or more	1	3.3	5	3.9	6	3.8
P value		1.00		0.06		0.11

 Table 39: Association of Socio-Demographic Characteristics, Sexual Behavior and Syphilis with HIV

 Infection

#### Table 40: Association of Condom use with HIV and Syphilis Infection

	HIV+ve		Syphilis	History	Active Syphilis	
Description	Number (11)	% (2.2)	Number (13)	% (2.6)	Number (11)	% (2.2)
Frequency of condom use with regular client						
Every time	4	2.1	5	2.6	7	3.6
Notalltime	7	2.3	8	2.60	4	1.30
P value		1.00		1.00		0.115
Frequency of condom use with non-paying regular Partners						
Every time	1	1.1	11	3.4	3	3.4

Notalltime	10	2.40	2	2.4	8	1.9
P value		0.698		0.71		0.422
Frequency of condom use with Clients						
Every time	6	1.9	3	3.8	9	2.8
Notalltime	5	2.7	10	1.1	2	1.1
P value		0.538		0.15		0.343

# Table 41: Association of Condom Carrying Practice, Comprehensive Knowledge of HIV/AIDSTransmission and Exposure to HIV and Syphilis Infection

	HIV+ve		Syphilis	History	Active S	Syphilis
Description	Number (11)	% (2.2)	Number (13)	% (2.6)	Number (11)	% (2.2)
Carry Condom usually						
All of the time	8	4.1	5	2.50	7	3.6
Notallthetime	3	1	8	2.6	4	1.3
P value		0.027		1.00		0.12
Knowledge of ABC						
Know all of ABCs	1	1.5	2	0.3	0	0
Donotknow	10	2.3	11	2.5	11	2.5
P value		1.00		0.681		0.374
Knowledge of BCDEF						
Know all of BCDEF	0	0	0	0	0	0
Donotknow	11	2.4	13	2.8	11	2.4
P value		1.00		0.631		1.00
Visited a HTC in the past year						
Yes visited	9	5.1	5	2.8	5	2.8
No	2	0.6	8	1.5	6	1.9
P value		0.002		0.778		0.531
Visited a OE/PE in the past year*						
Yes visited	8	3.4	6	2.6	7	3.1
No	3	1.1	7	2.5	4	1.5
P value		0.122		1.00		0.36

# Annex 3: Sexual behavior

Description	Street based		Establishm	ent & home sed	Т	otal
•	Ν	%	N	%	Ν	%
Average number of	clients per day					
One	35	43.8	190	45.3	225	45.1
Two	22	27.5	131	31.3	153	30.7
Three	16	20.0	62	14.8	78	15.6
Four or more	7	8.8	36	8.6	43	8.6
Mean ±SD		221.4		2222222		2?????
Median (IQR)		2(2)		2 (1)		2 (1)
Average number of clients	on the previous day					
None	47	58.75	269	64.2	316	63.3
One	17	21.25	90	21.5	107	21.4
Two	10	12.5	37	8.8	47	9.4
Three	3	3.75	16	3.8	19	3.8
Four or more	3	3.75	7	1.7	10	2.0
Mean ±SD		271.2		???		???
Median (IQR)		0(1)		0 (1)		0 (1)
Average number of clients	in past week					
None	7	8.8	42	10.0	49	9.8
One	5	6.3	67	16.0	72	14.4
Two	7	8.8	55	13.1	62	12.4
Three	17	21.3	81	19.3	98	19.6
Four or more	44	55.0	174	41.5	218	43.7
Mean ±SD		2222.8		????????		?????????
Median (IQR)		4(2)		3(4)		3 (3)
Time of last sexual contact	:					
On the day of interview	4	5.0	13	3.1	17	3.4
One dayago	27	33.8	135	32.2	162	32.5
Two days ago	23	28.8	70	16.7	93	18.6
Three days ago	4	5.0	61	14.6	65	13.0
Four of more days ago	22	27.5	140	33.4	162	32.5
Average number days wor	ked in a week					
One	4	5.1	29	7.0	33	6.7
Two	4	5.1	42	10.1	46	9.3
Three	24	30.4	103	24.9	127	25.8
Four to seven days	47	59.5	240	58.0	287	58.2
Mean (SD)		4.2±1.6		3.9±1.6		4±1.6

# Table 42: Number of clients and Average working days

Median (IQR)	4(2)	4(2)	4(2)
--------------	------	------	------

Description	Street based		Establishmer base		Tota	al
	N (80)	% (100)	N (420)	% (100)	N (500)	% (100)
No. of paying clients in th	e past week					
None	6	7.5	43	10.2	49	9.8
0-4	54	67.5	279	66.4	333	66.6
5-9	12	15.0	72	17.1	84	16.8
10-14	8	10.0	13	3.1	21	4.2
15 or more	0	0.0	13	3.1	13	2.6
Mean		3.7		3.5		3.5
Median (IQR)		3(3)		3(3)		3(3)
No. of non-paying regula	r sex partners in the pa	ast week				
None	51	63.75	254	60.5	303	60.6
0-4	29	36.25	162	38.6	191	38.2
5-9	0	0	4	1.0	4	0.8
Mean		0.6		0.5		0.5
Median (IQR)		0 (1)		0 (1)		0 (1)
No. of paying and non-pa	ying regular sex partne	ers in the past week				
None	5	6.3	34	8.1	39	7.8
0-4	45	56.3	258	61.4	303	60.6
5-9	22	27.5	98	23.3	120	24.0
10-14	8	10.0	16	3.8	24	4.8
15 or more	0	0.0	14	3.3	14	2.8
Mean		4.3		4.1		4.1
Median (IQR)		4(3)		3(3)		3(3)

# Table 43: Number of Different Type of sex Partners of FSWs

# Table 44: Types of Sex Practiced by FSWs

Description			Establishme			
Description	Street based		base	ed	Total	
Had other than vaginal se	x in the past year					
Yes	11	13.8	30	7.1	41	8.2
No	69	86.3	390	92.9	459	91.8
Total	80	100.0	420	100.0	500	100.0
Types of Sex act in the pas	st year*					
Oral	3	60.0	18	50	21	51.2
Anal	0	0.0	19	52.8	19	46.3
Masturbation	4	80.0	15	41.7	19	46.3
Other	0	0.0	2	5.6	2	4.9

Total	5		36	41	
Note: * The percents add	up to more than 100 b	e cause of multiple re	sponses		

# Table 45: Income of FSWs from Sex Work and other jobs

Description	Street based			ment & home ased	1	Total
	N (80)	% (100)	N (420)	% (100)	N (500)	% (100)
Income from last sex w	vith client (NRs)					
None	1	1.3	11	2.6	12	2.4
<=100	1	1.3	2	0.5	3	0.6
101-500	10	12.5	62	14.8	72	14.4
501-1000	23	28.8	110	26.2	133	26.6
1001-1500	9	11.3	51	12.1	60	12.0
1501-2000	15	18.8	69	16.4	84	16.8
2001 and above	21	26.3	115	27.4	136	27.2
Mean		2136.3		1817.5		2041
Median (IQR)		1500 (1500)		1500(1500)		1500(1500)
Average weekly Incom	e from last sex work (	NRs)				
<=1000	3	3.8	32	7.6	35	7.0
1001-2000	19	23.8	57	13.6	76	15.2
2001-3000	13	16.3	66	15.7	79	15.8
3001-4000	2	2.5	43	10.2	45	9.0
4001-5000	19	23.8	78	18.6	97	19.4
5001-10000	18	22.5	92	21.9	110	22.0
10001 or above	6	7.5	52	12.4	58	11.6
Mean		5363.0		6631.0		6428
Median (IQR)		5000(4000)		5000(5000)		5000(4500)
Have other jobs beside	es sex work	· · ·				
Yes	35	43.8	198	47.1	233	46.6
No	45	56.3	222	52.9	267	53.4
Average weekly Incom	e from other sources b	esides sex work (N	Rs)			
<=100	0		2	1.0	2	.9
101-500	2	5.7	20	10.1	22	9.4
501-1000	9	25.7	42	21.2	51	21.9
1001-1500	6	17.1	33	16.7	39	16.7
1501-2000	9	25.7	34	17.2	43	18.5
2001 and above	9	25.7	67	33.8	76	32.6
Mean		1839.0		2324.0		2921.0
Median (IQR)		2000(1100)		2000 (2000)		2000 (2000)

Description	Street based			ent & home sed	Тс	otal
	N	%	N	%	N	%
Consumption of alcohol i	n the past month					
Everyday	9	11.3	58	13.8	67	13.4
2-3 times a week	20	25.0	138	32.9	158	31.6
At least once a week	12	15.0	31	7.4	43	8.6
Less than once in a week	9	11.3	40	9.5	49	9.8
Never	30	37.5	152	36.2	182	36.4
Don't know	0	0.0	1	0.2	1	0.2
Total	80	100.0	420	100.0	500	100.0
Tried any types of drugs i	n the past month					
Yes	4	5.0	25	6.0	29	5.8
No	76	95.0	394	93.8	470	94.0
Don't Know	0	0.0	1	0.2	1	0.2
Total	80	100.0	420	100.0	500	100.0
Know injecting drug users	s (IDUs)					
Yes						
No						
Don't Know						
Total						
Ever exchanged sex for d	rugs					
Yes	0	0.0	8	1.9	8	1.6
No	80	100.0	412	98.3	492	98.4
Total	80	100.0	419	100.0	500	100
Ever exchanged sex for m	oney to buy drugs					1
Yes	0	0.0	3	0.7	3	0.6
No	80	100.0	417	99.3	497	99.4
Total	80	100.0	420	100.0	500	100.0

# Table 46: Use of Alcohol/Drugs by FSW and knowledge of PWIDs among them

# Annex 4: Condom using behavior *Table 47: Reasons not to use condoms*

Description	Street based			ment & home based	т	otal
•	Ν	%	N	%	N	%
Reason behind that Clier	ts did not use condom					
Notavailable	0	0.0	5	7.6	5	6.6
Partner objected	2	20.0	20	30.3	22	28.9
I didn't like to use it	4	40.0	18	27.3	22	28.9
Used other contraceptive	3	30.0	12	18.2	15	19.7
Didn't think it was necessary	3	30.0	19	28.8	22	28.9
Client offered more money	1	10.0	8	12.1	9	11.8
Didn't know/not a wa re a bout condom	3	30.0	6	9.1	9	11.8
other	0	0.0	3	4.5	3	3.9
Don't know	0	0.0	2	3	2	2.6
Total	10	*	66	*	76	*
Reason behind that Clier	ts did not use condom	always	•			
Notavailable	2	8.3	9	5.7	11	6.1
Partner objected	12	50.0	84	53.5	96	53.0
I didn't like to use it	5	20.8	32	20.4	37	20.4
Used other contraceptive	9	37.5	30	19.1	39	21.5
Didn't think it was necessary	8	33.3	47	29.9	55	30.4
Didn't think of it	5	20.8	25	15.9	30	16.6
Client offered more money	6	25.0	27	17.2	33	18.2
Didn't know/not a wa re a bout condom	5	20.8	19	12.1	24	13.3
other	2	8.3	6	3.8	8	4.4
Don't know	0	0.0	5	3.2	5	2.8
Total	24	*	157	*	181	*
Reason behind that regu	lar Clients did not use o	condom				
Partner objected	4	44.4	13	25.5	17	28.3
I didn't like to use it	4	44.4	17	33.3	21	35.0
Used other contraceptive	1	11.1	9	17.6	10	16.7
Didn't think it was necessary	0	0.0	5	9.8	5	8.3
Didn't know/not a wa re a bout condom	0	0.0	2	3.9	2	3.3
other	0	0.0	3	5.9	3	5.0

Don't know	0	0.0	2	3.9	2	3.3
Total	9	100.0	51	100.0	60	100.0
Reason behind that regula	r Clients did not use co	ondom always				
Notavailable	1	5.0	5	4.9	6	4.9
Partner objected	13	65.0	44	42.7	57	46.3
I didn't like to use it	5	25.0	26	25.2	31	25.2
Used other contraceptive	8	40.0	20	19.4	28	22.8
Didn't think it was necessary	5	25.0	31	30.1	36	29.3
Didn't think of it	0	0.0	5	4.9	5	4.1
Client offered more money	7	35.0	15	14.6	22	17.9
other	0	0.0	9	8.7	9	7.3
Don't know	1	5.0	8	7.8	9	7.3
Total	20	*	103	*	123	*
Reason behind that Male	partners did not use co	ndom			1	
Partner objected	5	14.3	18	7.9	23	8.8
I didn't like to use it	12	34.3	41	18.1	53	20.2
Used other	2	<b>F 7</b>	16	7.0	18	6.0
contraceptive Didn't think it was		5.7	10	7.0	10	6.9
necessary	8	22.9	55	24.2	63	24.0
Didn't think of it	0	0.0	1	0.4	1	0.4
Trust Partner	0	0.0	1	0.4	1	0.4
Wish to have child	0	0.0	2	0.9	2	0.8
other	8	22.9	90	39.6	98	37.4
Don't know	0	0.0	3	1.3	3	1.1
Total	35	100.0	227	100.0	262	100.0
Reason behind that Male	partners did not use co	ndom always	11			
Notavailable	0	0.0	2	0.6	2	0.5
Too expensive	0	0.0	1	0.3	1	0.3
Partner objected	12	18.2	50	15.9	62	16.3
I didn't like to use it	17	25.8	59	18.8	76	20.0
Used other contraceptive	7	10.6	32	10.2	39	10.3
Didn't think it was necessary	17	25.8	98	31.2	115	30.3
Didn't think of it	0	0.0	4	1.3	4	1.1
Wishto have child	4	6.1	5	1.6	9	2.4
other	27	40.9	125	39.8	152	40.0
Don't know	0	0.0	3	1.0	3	0.8
Total	66	*	314	*	380	*

Total	10	*	37	*	47	*
Don't know	0	0.0	2	5.4	2	4.3
other	1	10.0	3	8.1	4	8.5
Didn't think it was ne cessary	2	20.0	11	29.7	13	27.7
Used other contraceptive	0	0.0	2	5.4	2	4.3
I didn't like to use it	4	40.0	15	40.5	19	40.4
Partner objected	0	0.0	7	18.9	7	14.9
Too expensive	2	20.0	3	8.1	5	10.6
Notavailable	3	30.0	4	10.8	7	14.9
Reason behind that oth	er sex partners did not u	se condom alway	/S			
Total	3	100.0	14	100.0	17	0.0
Don't know	0	0.0	1	7.1	1	5.9
other	0	0.0	2	14.3	2	11.8
Didn't think it was ne cessary	0	0.0	3	21.4	3	17.6
Used other contraceptive	0	0.0	2	14.3	2	11.8
I didn't like to use it	2	66.7	3	21.4	5	29.4
Partner objected	0	0.0	2	14.3	2	11.8
Notavailable	1	33.3	1	7.1	2	11.8

# Table 48: Refusal of condom use

Description	Street based			Establishment & home based		otal
	Ν	%	Ν	%	N	%
If a client (regular or case	ual) refuses to use a c	ondom, what do	you usually	do		
Refuses to have sex with the client	50	62.5	221	52.6	271	54.2
Forces the client to use a condom	4	5	49	11.7	53	10.6
Explains the advantages of condoms	2	2.5	16	3.8	18	3.6
Still hassex with the client	13	16.25	87	20.7	100	20.0
Onlytakes medication/treatment aftersex	9	11.25	20	4.8	29	5.8
Other (Specify)	2	2.5	25	6.0	27	5.4
Don't know	0	0	2	0.5	2	0.4
Total	80	100	420	100.0	500	100.0
How often do you have s	ex with regular and c	asual clients wit	hout condom	s to make more	money within	n 6 months?
Always	1	3.1	13	6.5	14	6.0

Mostofthetime	8	25.0	17	8.5	25	10.8
Sometimes	14	43.8	65	32.5	79	34.1
Never	9	28.1	100	50	109	47.0
Don't remember	0	0.0	2	1	2	0.9
No response	0	0.0	3	1.5	3	1.3
Total	32	100.0	200	100	232	100.0

# Annex 5: Social depression and suicidal tendency

Description	Street based		Establishment & home based		Total	
	N	%	N	%	N	%
I was bothered by things that	t usually don't bother	me				
Some or a little of the time (1-2 days)	56	70.0	252	60.0	308	61.6
Occasionally or moderate of the time (3-4 days)	17	21.3	122	29.0	139	27.8
Most or all the time (5-7 days)	1	1.3	20	4.8	21	4.2
Don't know	6	7.5	26	6.2	32	6.4
Total	80	100.0	420	100.0	500	100.0
I did not feel like eating; my	appetite was poor				II	
Some or a little of the time (1-2 days)	52	65.0	289	68.8	341	68.2
Occasionally or moderate of the time (3-4 days)	5	6.3	27	6.4	32	6.4
Most or all the time (5-7 days)	0		6	1.4	6	1.2
Don't know	23	28.8	98	23.3	121	24.2
Total	80	100.0	420	100.0	500	100.0
Felt that I could not shake of Some or a little of the time (1-2 days)	56	70.0	315	75.0	371	74.2
Occasionally or moderate	11	13.8	46	11.0	57	11.4
of the time (3-4 days)						
Most or all the time (5-7	1	1.3	6	1.4	7	1.4
Most or all the time (5-7 days)	1	1.3	6	1.4	7 65	
Most or all the time (5-7 days) Don't know			-			1.4
Most or all the time (5-7 days) Don't know Total	12 80	15.0	53	12.6	65	1.4
of the time (3-4 days) Most or all the time (5-7 days) Don't know Total I felt I was just as good as oth Some or a little of the time (1-2 days)	12 80	15.0	53	12.6	65	1.4
Most or all the time (5-7 days) Don't know Total I felt I was just as good as oth Some or a little of the	12 80 ner people	15.0 100.0	53 420	12.6 <b>100.0</b>	65 <b>500</b>	1.4 13.0 <b>100.0</b>
Most or all the time (5-7 days) Don't know Total I felt I was just as good as oth Some or a little of the time (1-2 days) Occasionally or moderate	12 80 her people 46	15.0 100.0 57.5	53 420 249	12.6 <b>100.0</b> 59.3	65 <b>500</b> 295	1.4 13.0 <b>100.0</b> 59.0
Most or all the time (5-7 days) Don't know Total I felt I was just as good as oth Some or a little of the time (1-2 days) Occasionally or moderate of the time (3-4 days) Most or all the time (5-7	12 80 her people 46 22	15.0 <b>100.0</b> 57.5 27.5	53 <b>420</b> 249 102	12.6 <b>100.0</b> 59.3 24.3	65 <b>500</b> 295 124	1.4 13.0 <b>100.0</b> 59.0 24.8

#### Table 49: Social depression and suicidal tendency of FSWs

Some or a little of the time (1-2 days)	56	70.0	314	74.8	370	74.0
Occasionally or moderate of the time (3-4 days)	9	11.3	52	12.4	61	12.2
Most or all the time (5-7 days)	0		3	.7	3	.6
Don't know	15	18.8	51	12.1	66	13.2
Total	80	100.0	420	100.0	500	100.0
I felt depressed		L			<u> </u>	
Some or a little of the time (1-2 days)	49	61.3	243	57.9	292	58.4
Occasionally or moderate of the time (3-4 days)	19	23.8	122	29.0	141	28.2
Most or all the time (5-7 days)	2	2.5	25	6.0	27	5.4
Don't know	10	12.5	30	7.1	40	8.0
Total	80	100.0	420	100.0	500	100.0
I felt that everything I did was	an effort	- I				
Some or a little of the time (1-2 days)	63	78.8	307	73.1	370	74.0
Occasionally or moderate of the time (3-4 days)	5	6.3	31	7.4	36	7.2
Most or all the time (5-7 days)	0		4	1.0	4	.8
Don't know	12	15.0	78	18.6	90	18.0
Total	80	100.0	420	100.0	500	100.0
I felt hopeful about the future	2.				-	
Some or a little of the time (1-2 days)	56	70.0	242	57.6	298	59.6
Occasionally or moderate of the time (3-4 days)	13	16.3	112	26.7	125	25.0
Most or all the time (5-7 days)	2	2.5	24	5.7	26	5.2
Don't know	9	11.3	42	10.0	51	10.2
Total	80	100.0	420	100.0	500	100.0
I thought my life had been a f	ailure				-	
Some or a little of the time (1-2 days)	50	62.5	239	56.9	289	57.8
Occasionally or moderate of the time (3-4 days)	17	21.3	116	27.6	133	26.6
Most or all the time (5-7 days)	3	3.8	17	4.0	20	4.0

Don't know	10	12.5	48	11.4	58	11.6
Total	80	100.0	420	100.0	500	100.0
I felt fearful.						
Some or a little of the time (1-2 days)	41	51.3	215	51.2	256	51.2
Occasionally or moderate of the time (3-4 days)	28	35.0	146	34.8	174	34.8
Most or all the time (5-7 days)	5	6.3	34	8.1	39	7.8
Don't know	6	7.5	25	6.0	31	6.2
Total	80	100.0	420	100.0	500	100.0
My sleep was restless						
Some or a little of the time (1-2 days)	47	58.8	279	66.4	326	65.2
Occasionally or moderate of the time (3-4 days)	10	12.5	78	18.6	88	17.6
Most or all the time (5-7 days)	4	5.0	4	1.0	8	1.6
Don't know	19	23.8	59	14.0	78	15.6
Total	80	100.0	420	100.0	500	100.0
I was happy				·		
Some or a little of the time (1-2 days)	61	76.3	295	70.2	356	71.2
Occasionally or moderate of the time (3-4 days)	11	13.8	54	12.9	65	13.0
Most or all the time (5-7 days)	0		4	1.0	4	.8
Don't know	8	10.0	67	16.0	75	15.0
Total	80	100.0	420	100.0	500	100.0
I talked less than usual						
Some or a little of the time (1-2 days)	50	62.5	293	69.8	343	68.6
Occasionally or moderate of the time (3-4 days)	9	11.3	36	8.6	45	9.0
Most or all the time (5-7 days)	0		3	.7	3	.6
Don't know	21	26.3	88	21.0	109	21.8
Total	80	100.0	420	100.0	500	100.0
I felt lonely						
Some or a little of the time (1-2 days)	46	57.5	211	50.2	257	51.4
Occasionally or moderate of the time (3-4 days)	20	25.0	144	34.3	164	32.8

Most or all the time (5-7 days)	6	7.5	36	8.6	42	8.4
Don't know	8	10.0	29	6.9	37	7.4
Total	80	100.0	420	100.0	500	100.0
People were unfriendly						
Some or a little of the time (1-2 days)	54	67.5	227	54.0	281	56.2
Occasionally or moderate of the time (3-4 days)	8	10.0	91	21.7	99	19.8
Most or all the time (5-7 days)	2	2.5	20	4.8	22	4.4
Don't know	16	20.0	82	19.5	98	19.6
I enjoyed life						
Some or a little of the time (1-2 days)	54	67.5	261	62.1	315	63.0
Occasionally or moderate of the time (3-4 days)	11	13.8	78	18.6	89	17.8
Most or all the time (5-7 days)	0		2	.5	2	.4
Don't know	15	18.8	79	18.8	94	18.8
Total	80	100.0	420	100.0	500	100.0
I had crying spells						
Some or a little of the time (1-2 days)	32	40.0	204	48.6	236	47.2
Occasionally or moderate of the time (3-4 days)	8	10.0	29	6.9	37	7.4
Most or all the time (5-7 days)	0		3	.7	3	.6
Don't know	40	50.0	184	43.8	224	44.8
Total	80	100.0	420	100.0	500	100.0
I felt sad			·			
Some or a little of the time (1-2 days)	45	56.3	186	44.3	231	46.2
Occasionally or moderate of the time (3-4 days)	22	27.5	167	39.8	189	37.8
Most or all the time (5-7 days)	8	10.0	48	11.4	56	11.2
Don't know	5	6.3	19	4.5	24	4.8
Total	80	100.0	420	100.0	500	100.0
I felt that people dislike me	·		<b>_</b>		<b>.</b>	
Some or a little of the time (1-2 days)	52	65.0	252	60.0	304	60.8

Occasionally or moderate of the time (3-4 days)	8	10.0	68	16.2	76	15.2
Most or all the time (5-7 days)	2	2.5	4	1.0	6	1.2
Don't know	18	22.5	96	22.9	114	22.8
Total	80	100.0	420	100.0	500	100.0
I could not get			1			
Some or a little of the time (1-2 days)	50	62.5	304	72.4	354	70.8
Occasionally or moderate of the time (3-4 days)	8	10.0	41	9.8	49	9.8
Most or all the time (5-7 days)	1	1.3	2	.5	3	.6
Don't know	21	26.3	73	17.4	94	18.8
Total	80	100.0	420	100.0	500	100.0
Thinking of commit suicide l	because of hesitation fe	eling yourself in t	he past 12 m	onths	1	L
Yes	15	19.5	97	23.4	112	22.8
No	62	80.5	317	76.4	379	77.0
No response	0	0.0	1	0.2	1	0.2
Total	77	100.0	415	100.0	492	100.0
Ever had made a plan to con	nmit suicide		1	•		L
Yes	9	60.0	46	47.4	55	49.1
No	6	40.0	51	52.6	57	50.9
Total	15	100.0	97	100.0	112	100.0
Ever attempted suicide						
Yes	8	53.3	37	38.1	45	40.2
No	7	46.7	60	61.9	67	59.8
Total	15	100.0	97	100.0	112	100.0

# Annex 6: Sample Calculation Formula

#### Formula for Sample Size Calculation for the IBBS Surveys

$$n = D \frac{[Z_{1-\alpha}\sqrt{2\overline{p}(1-\overline{P})} + Z_{1-\beta}\sqrt{P_1(1-P_1) + P_2(1-P_2)}]^2}{(P_2 - P_1)^2}$$

n= required minimum sample size per survey round or comparison groups

D = design effect (assumed in the following equations to be the default value of 2

P1 = the estimated number of an indicator measured as a proportion at the time of the first survey or for the control area

P2 = the expected level of the indicator either at some future date or for the project area such that the quantity (P2-P1) is the size of the magnitude of change it is desired to be able to detect

 $Z\alpha$ = the Z-score corresponding to the degree of confidence with which it is desired to be able to conclude that an observed change of size (P2-P1) would not have occurred by chance ( $\alpha$ - the level of statistical significance), and

 $Z\beta$ = the Z-score corresponding to the degree of confidence with which it is desired to be certain of detecting a change of size (P1-P2) if one actually occurred ( $\beta$ -statistical power).

# Annex 7: Cluster selection

# Table 50: Selected clusters for the survey

Туре	Cluster	FSWs	Cluster	Status
Establishment	Adarsa	279	1	Selected
Establishment	Badegaun	99		Not selected
Establishment	Bagbazar A	150	2	Selected
Establishment	Bagbazar B	163		Not selected
Establishment	Bagbazar C	85	3	Selected
Establishment	Balaju A	101		Not selected
Establishment	Balaju B	110		Not selected
Establishment	Balaju C	122	4	Selected
Establishment	Balkumari	183		Notselected
Establishment	Baneshwar A	173	5	Selected
Establishment	Baneshwar B	146		Notselected
Establishment	Chabahil A	180	6	Selected
Establishment	Chabahil B	146	7	Selected
Establishment	Chabahil C	191		Notselected
Establishment	Gangabu C	196	8	Selected
Establishment	Gangabu A	201	9	Selected
Establishment	Gangabu B	191		Notselected
Establishment	Gangabu D	197	10	Selected
Establishment	Gangabu E	189	11	Selected
Establishment	Gangabu F	175		Notselected
Establishment	Gangabu G	216	12	Selected
Establishment	Gaushala A	196	13	Selected
Establishment	Gaushala B	191		Notselected
Establishment	Gwarko A	228	14	Selected
Establishment	Gwarko A+	200	15	Selected
Establishment	Gwarko B	382	16	Selected
Establishment	Harisiddhi	137	17	Selected
Establishment	Imadol	80		Notselected
Establishment	Jamal	90		Notselected
Establishment	Jorpati A	175	18	Selected
Establishment	Jorpati B	217	19	Selected
Establishment	Kalanki A	181		Notselected
Establishment	Kalanki B	176	20	Selected
Establishment	Kalanki C	166		Notselected
Establishment	Kamal Binayak A	300	21	Selected
Establishment	Kamal Binayak B	195	22	Selected
Establishment	Kausaltar	223	23	Selected
Establishment	Kirtipur	193	24	Selected
Establishment	Koteshwar A	162		Notselected

Establishment	Koteshwar B	180	25	Selected
Establishment	Koteshwar C	144		Notselected
Establishment	Kupondole	117	26	Selected
Establishment	Kusunti	56		Notselected
Establishment	Lagankhel	219	27	Selected
Establishment	Lokanthali	69		Notselected
Establishment	Nakhu	69		Notselected
Establishment	NalinchowkA	390	28	Selected
Establishment	Nalinchowk B	327	29	Selected
Establishment	Palase	75		Notselected
Establishment	Patan Dhoka	75		Notselected
Establishment	Samakhusi	54		Notselected
Establishment	Sanepa	56		Notselected
Establishment	Satdobato	221	30	Selected
Establishment	Shrijana Nagar	92		Notselected
Establishment	Sundhara A	175	31	Selected
Establishment	Sundhara B	185	32	Selected
Establishment	Talchikhel	73		Notselected
Establishment	Thaiba	70		Notselected
Establishment	Thamel A	208	33	Selected
Establishment	Thamel B	176	34	Selected
Establishment	Thamel C	218		Notselected
Establishment	Thamel D	199	35	Selected
Establishment	Thamel E	187	36	Selected
Establishment	Thamel F	230		Notselected
Establishment	Thamel G	173	37	Selected
Establishment	Thamel H	197		Notselected
Establishment	Thamel I	192	38	Selected
Establishment	Thamel J	200		Notselected
Establishment	Thamel K	222	39	Selected
Establishment	Thamel L	228	40	Selected
Establishment	Thapathali	39		Notselected
Establishment	Thimi A	241	41	Selected
Establishment	Thimi B	302		Notselected
Street	Batukbhairab	198		Notselected
Street	Bholdhoka	44		Notselected
Street	Chabahil	116	42	Selected
Street	Gangabu	40		Notselected
Street	Gwrako	187	43	Selected
Street	Jawalakhel	41		Notselected
Street	Jorpati	36		Notselected
Street	Kalanki	162	44	Selected

Street	Kamalbinayak	619	45	Selected
Street	Kirtipur	33		Notselected
Street	Lagankhel	164		Notselected
Street	Mahalaxmisthan	47		Notselected
Street	Mangalbazar	35	46	Selected
Street	Nalinchowk	204		Notselected
Street	Naya buspark	192	47	Selected
Street	Ratnapark A	350		Notselected
Street	Ratnapark B	289	48	Selected
Street	Sanga Chowk	105	Reserve Clusters	Notselected
Street	Satdobato	66		Notselected
Street	Sundhara	150		Notselected
Street	Thamel	144	49	Selected
Home	Gaushala	60		Notselected
Home	Jorpati	90		Notselected
Home	Ganagbu	84	50	Selected
Home	Kalanki	54		Notselected
Home	Koteshwar	36		Notselected

# Annex 5: Questionnaires /Tools

#### Integrated Biological and Behavioral Surveillance Survey Among Female Sex Workers

#### FSW Questionnaire

Namaste! My name is ....., I am here from to collect data for a research study. This study is being conducted by ...... for National Centre for AIDS and STD Control (NCASC), Ministry of Health and Population. As explained in the consent taking process during this data collection, I will ask you some questions that will be about sexual behavior, use and promotion of condoms, STI/HIV/AIDS, drugs and migration pattern. I believe that you will provide correct information. We will also draw a few drops of blood for HIV testing. If you have any STI symptoms, we will provide treatment for free of charge. The information given by you will be strictly treated as confidential. Nobody will know whatever we talk because your name will not be mentioned in this form and blood sample. It will take about 60 minutes to complete the interview and blood sample collection.

It depends on your willingness to participate in this survey or not. You are free to quit the survey any time you want to. You do not have to answer questions that you do not want to answer. But I hope, you will participate in this survey and make it success by providing correct answers of all the questions.

Have you participated in IBBS survey before (1/2 years)? IBBS survey is a kind of survey among key population where blood is taken for HIV and STI checkup and interview is carried to know the behavior.

1. Yes	2. No		
If participated could yo Signature of Interview	ou tell how many times did	you participated? Date: / /	
Signature of Interview	El	·	MM
Establishment based:	1	Stree	et based: 2
Home Based: 3 Definition of Responde	nt		

"Women aged 16 years and above reporting having been paid in cash or kind for sex with a male within the last 6 months."

Has someone interviewed you from ...... with a questionnaire in last few weeks?

1. Yes	2. No (Continue Interview)	
Ļ		
When?		
	Days ago (STOP INTERVIEW)	
Place of Interview	District Location	
Name of interviev	ver:	Code No. of Interviewer:

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#### **1.0 GENERAL INFORMATION**

Q. N.	Questions and Filters	Coding Categories	Skip to
101	Respondent ID No.		
101.1	How did you come here to participate in this survey?	Met personally         1           Through known FSW         2           Through PE         3           Through OE/CM         4           Other (Specify)	
102	Where is the respondent (sex worker) based?	Disco1Dance Restaurant2Cabin Restaurant3Call Girl4Massage Parlor5House Settlement6Bhatti Pasal7Street8Garment/Carpet Factory9Squatter/Refugee10Restaurant/Tea shop11Dohori Restaurant12Hotel/Lodge13Other (Specify)	
104	Where were you born?	District	
105	Where do you live now? (Name of Current Place of	District	
106	How long have you been living continuously at this location?	Month0 - Always (since birth)0 - Since less than a month	

#### 2.0 PEROSNAL INFORMATION

Q. N.	Questions and Filters	Coding Categories Skip	to	
201	How old are you?			
	(If less than 16 years, stop interview)	Age		
		(Write the completed years)		
202	What is your caste?	Ethnicity/Caste		
		(Specify)		
	(Specify Ethnic Group/Caste)			
203	What is your educational status?	Illiterate 00		
	<u>Code:</u>	Literate 19		
	(Circle '00' if illiterate, '19' for the literate	Grade		
	without attending the school, and write	(Write the completed grade)		
	exact number of the completed grade)			
204	What is your present marital status?	Married 1 204	2	
		Divorced/Permanently Separated 2		
		Widow 3		
		Never married 4 -> 204.	2	
204.1	How old were you when you got	Age		
	divorced/separated/widowed?	(Write the completed years)		
	Are you currently living with your husband?	Yes1		
		No2		
204.2	Who are you living with now?	Male friend 1		
		Relatives 2		
	(Multiple answers. DO NOT READ	Other females 3		
	the possible answers)	Children 4		
		Alone 5		
		Others (Specify)96		
	Which of the following best describes your current	No house and live on street1		
	living situation?	Live at own house		
		Live at hotel		
		Live at rented house4		
		Other specify96		
	During last five years, have you ever been forced to	Never1		
	leave the house by house owner or male partner?	1-2 times2		
		3-5 times3		
		More than five times4		
		Don't know98		
	[Note: If answer in Q. 204 is 'never married' Go to Q. 205.13			
205	At what age were you married for the first time?	Years old		
		(Write Complete Years)		
205.1	Have you ever given birth to children? (Include all	Yes 1		
	live births even those who died after sometime,	No 2 205	5.3	
	and also still births)			

Q. N.	Questions and Filters	Coding Categories	Skip to
205.2	If yes, how many were live births? (Include all live	Sons	
	births even those who died after sometime but	Daughters	
	don't include still births)		
205.3	Have you had miscarriage during your any	Yes 1	
	pregnancies?	No 2 -	► 205.5
205.4	If yes, total number of miscarriage	# Terminations	
205.5	Have you done termination/abortion of your	Yes 1	
	any pregnancies?	No 2 -	▶ 205.8
205.6	If yes, total number of pregnancy	# Terminations	
205 7	terminated/aborted		
205.7	Who assisted you at last abortion?	Doctor1	
		Nurse2	
		Midwife3 TBA4	
		Traditional healer	
		Friend	
		Nobody7	
		Others (Specify)	
		Don't know	
205.8	Do you want to have a child within coming 2	Yes 1	
205.0	years?	No	
		10	
205.9	Were you pregnant in the last 12 months?	Yes 1	
	(Include currently pregnant women too)	No 2 -	▶205.13
205.10	If Yes, What was the outcome of the last	Live Birth 1	
	pregnancy?	Still Birth 2	
	If the response is 3 or 4 check Q.N.205.6 or 205.7)	Spontaneous abortion 3 -	
		Forced Abortion 4 -	205.13
		Currently pregnant5	
205.13	Now I would like to talk about family planning – the va	arious ways or methods that a couple can	
205.15	use to delay or avoid a pregnancy	arrous ways of methous that a couple can	
	Which ways or methods have you heard about?		
	(Lead the each Questions, Multiple answers Possible	2)	
01	FEMALE STERILIZATION- women can have an	Yes 1	
	operation to avoid having any more children	No 2	
		Don't know	
02	MALE STERILIZATION- men can have an operation	Yes 1	
	to avoid having any more children	No 2	
		Don't know98	
03	PILL- women can take a pill every day to avoid	Yes 1	
	becoming pregnant	No 2	
		Don't know98	
04	IUD – women can have a loop or coil placed inside	Yes 1	
	tem by a doctor or a nurse	No	
	·	Don't know	

Q. N.	Questions and Filters	Coding Categories	Skip to
05	INJECTABLES – women can have an injection by a	Yes 1	
	health provider that stops them from becoming	No 2	
	pregnant for one or more months	Don't know98	
06	IMPLANTS- women can have several small rods	Yes 1	
	placed in their upper arm by a doctor or a nurse	No 2	
	which can prevent pregnancy for one or more years	Don't know98	
07	CONDOM – men can put a rubber sheath on	Yes 1	
	their penis before sexual intercourse	No 2	
		Don't know	
08	CALENDER METHOD – Every month that a woman is	Yes 1	
	sexually active she can avoid pregnancy by not	No 2	
	having sexual intercourse on the days of the month	Don't know98	
	she is not likely to get pregnant		
	Rhythm Method:		
09	WITHDRAWAL – Men can be careful and pull out	Yes 1	
	before climax	No 2	
		Don't know	
10	Have you heard any other ways or method that	Yes 1	
	women or men can use to avoid pregnancy?	(Specify)	
		No 2	
		Don't know98	
	Check Q. N. 204, if it is divorced/permanently/se	parated (2), widow (3) or never married	
	(4), skip to Q.N. 207		
206	Are there people who are dependent on your	Yes 1	
	income?		▶ 207
206.1	How many are dependent on your income?	Adults	
	(Adults are those who have completed	Children	
	18 years)		
207	How long have you been exchanging sexual	Months	
	intercourse for money or other things?	Don't know 98	
	(If answer is less than 6 months stop		
207.1	Did you have any sexual intercourse during past	Yes 1	Stop
	12 months?	No 2	Interview
	Here land have been encoded an evel blind of	Months	
208	How long have been engaged on such kind of		

Q. N.	Questions and Filters	Coding Categories	Skip to
	In which places do you engage for such work?	Disco1Dance Restaurant2Cabin Restaurant3Call Girl4Massage Parlor5House Settlement6Bhatti Pasal7Street8Garment/Carpet Factory9Squatter/Refugee10Restaurant/Tea shop11Dohori Restaurant12Hotel/Lodge13No such work on other place0Other (Specify)_96	
208.1	Have you engaged on such type of work on other places too?	Yes1 No2	
	Did you engaged on such type of work in India too?	Yes1 No2	
209	If yes did you went by own desire or forced from other?	Forced1 Self desire2	
210	What is your average income per sexual transaction in a week ? [Note: If there is '0' in both cash and gift equivalent, probe for the reasons]	CashRs.	
211	Do you have any other work besides sex work?	Yes 1 No	▶ 212
211.2	What is your average weekly income from the above-mentioned sources?	Rupees	
212	Have you ever encountered any client who refused to give money after having sex?	Yes 1 No 2	
	How many such incidents happened in the last six months?	Times	

#### 3.0 INFORMATION ON SEXUAL INTERCOURSE

Questions and Filters	Coding Categories	Skip to
How old were you at your first sexual intercourse?	Year's old	
	Don't know/Can't recall 98	
Was your first sex on consensus?	Forcefully1	
	On agreement2	
	Don't know/can't remember3	
	Refuse to answer	
With how many different sexual partners in	Number	
total have you had sex during the past week?	Don't know 98	
Usually, how many clients visit you in a day?	Number	
With how many clients did you have sexual		
	Number	
	Number	
intercourse in the past week?		
In the past month, with which profession's client	Bus, truck or tanker worker 1	
did you mostly have sex?	Taxi, jeep, microbus or minibus	
	worker 2	
	Industrial/wage worker 3	
	Police 4	
NOT READ the possible answers)	Soldier/Army 5	
	Student 6	
	Mobile Businessmen 10	
	Nationals) 14	
	Farmer 15	
	Others (Specify)96	
	Was your first sex on consensus?         With how many different sexual partners in total have you had sex during the past week?         Usually, how many clients visit you in a day?         With how many clients did you have sexual intercourse yesterday?         With how many clients did you have sexual intercourse in the past week?         In the past month, with which profession's client	How old were you at your first sexual intercourse?Year's oldDon't know/Can't recall

304.1	What was the professional background of your last	Bus, truck or tanker worker 1
	client?	Taxi, jeep, microbus or minibus
		worker 2
		Industrial/wage worker 3
		Police 4
		Soldier/Army 5
		Student 6
		Rickshawala7
		Service holder
		Businessmen
		Mobile Businessmen 10
		Migrant worker/lahurey 11
		Contractor 12
		Foreigner (Indian and other
		Nationals 14
		Farmer 15
		Others (Specify)96
		Don't know
305	How many days in a week (on an average) do you	
	work as a sex worker?	Days

#### 4.0 USE OF CONDOM AND INFORMATION ON SEX PARTNERS

	Condom use with Clients		
Q. N.	Questions and Filters	Coding Categories	Skip to
401	The last time you had sex with your client, did	Yes 1	
	he use a condom?	No 2	401.2
401.1	Who suggested condom use at that time?	Myself 1	
		My Partner 2	402
		Don't know 98	
401.2	Why didn't your client use a condom at that time?	Not available 1	
		Too expensive 2	
		Partner objected 3	
		I didn't like to use it 4	
		Used other contraceptive 5	
	(Multiple answers. DO NOT READ	Didn't think it was necessary	
	the possible answers)	Didn't think of it 7	
		Client offered more money 8	
		Didn't know / not a ware about	
		condom	
		Other (Specify)	
		Don't know	
402	How often did your clients use condomover the	All of the time 1	403
	past 12 months?	Most of the time 2	
		Some of the time 3	
		Rarely 4	
		Never 5	
402.4			
402.1	Why didn't your client use condom always?	Not available 1	
		Too expensive	
	/	Partner objected 3	
	(Multiple answers. DO NOT READ	I didn't like to use it 4	
	the possible answers)	Used other contraceptive 5	
		Didn't think it was necessary	
		Didn't think of it 7	
		Client offered more money 8	
		Didn't know / not aware about	
		Condom 9	
		Other (Specify) 96	
		Don't know	

Condom use with Clients

#### Condom use with Regular Client

Q. N.	Questions and Filters	Coding Categories	Skip to
403	Do you have any client who visits you on regular	Yes 1	
	basis?	No 2 —	▶ 405.
404	Did your regular client use condom in the last	Yes 1	
	sexual contact with you?	No 2 -	▶ 404.2
404.1	Who suggested condom use at that time?	Myself 1	
		My Partner 2 -	405
		Don't know 98	

Q. N.	Questions and Filters	Coding Categories	Skip to
404.2	Why didn't your regular client use a condom at that	Not available 1	
	time?	Too expensive 2	
		Partner objected 3	
		I didn't like to use it 4	
		Used other contraceptive 5	
		Didn't think it was necessary 6	
		Didn't think of it 7	
		Client offered more money 8	
		Didn't know / not aware about	
		condom	
		Other (Specify) 96	
		Don't know 98	
405	How often did your regular clients use condom	All of the time 1	405.1.3
	with you over the past 12 months?	Most of the time 2	
		Some of the time 3	
		Rarely 4	
		Never 5	
405.1	Why didn't they use condom always?	Not available 1	
		Too expensive	
		Partner objected 3	
	(Multiple answers. DO NOT READ	I didn't like to use it 4	
	the possible answers)	Used other contraceptive 5	
		Didn't think it was necessary	
		Didn't think of it 7	
		Client offered more money 8	
		Other (Specify) 96	
		Don't know 98	
405.1.1	If a client (regular or casual) refuses to use a	Refuses to have sex with the client1	
	condom, what do you usually do?	Forces the client to use a condom2	
		Explains the advantages of condoms3	
		Still has sex with the client4	
		Only takes medication/treatment after	
		sex5	
		Other (Specify) 96	
		Don't know98	
405.1.2	Whether this happened in the past 30 days?	Yes1	
		No2	
405.1.3	How often do you have sex with regular and casual	Always1	
	clients without condoms to make more money	Most of the time2	
	within 6 months?	Sometimes3	
		Never4	
		Nevel4	

#### Condom use with Non-paying regular Cohabiting Partner (Husband or Male Friend)

Q. N.	Questions and Filters	Coding Categories	Skip to
406	Did you have sexual intercourse with your husband or a male friend in past six months?	Yes 1 No 2 -	► 409

Q. N.	Questions and Filters	Coding Categories	Skip to
407	Think about your most recent sexual intercourse	Number of times	
	with your husband or male partner. How many	Don't know 98	
	times did you have sexual intercourse with this		
	person over the last 30 days?		
	(Write '00'for none intercourse in past one		
	month)		
408	The last time you had sex with your husband or	Yes 1	
	male friend staying to gather, did your sex partner	No 2	→ 408.2
	use a condom?		
408.1	Who suggested condom use that time?	Myself 1	
		My Partner 2	409
		Don't know 98	
408.2	Why didn't your partner use a condom that time?	Not available 1	
		Too expensive 2	
		Partner objected 3	
		I didn't like to use it 4	
		Used other contraceptive 5	
		Didn't think it was necessary	
		Didn't think of it 7	
		Trust partner 8	
		Wish to have child	
		Other (Specify) 96	
		Don't know	
409	How often did all of your non-paying regular	All of the time 1	410
	partners use condoms over the last 12 months?	Most of the time 2	
		Some of the time 3	
		Rarely 4	
		Never 5	
		Did not have sexual intercourse	
		in the last 12 months 6	410
409.1	Why didn't they use condom always?	Not available 1	
		Too expensive 2	
	(Multiple answers. DO NOT READ	Partner objected 3	
	the possible answers)	I didn't like to use it 4	
		Used other contraceptive5	
		Didn'tthink it was necessary6	
		Didn't think of it 7	
		Trust partner 8	
		Wish to have child 9	
		Other (Specify)	
		Don't know	

#### Condom use with sex partners other than clients, husbands and male friends living together

Q. N.	Questions and Filters	Coding Categories	Skip to
410	During the past one year, did you have sexual intercourse with a person other than your client, husband/ male friend?		▶ 412.2
411	Did he use condom when he had last sexual contact with you?	Yes 1 No 2 -	▶ 411.2

Q. N.	Questions and Filters	Coding Categories	Skip to
411.1	Who suggested condom use at that time?	Myself 1	
		My Partner 2	<b>4</b> 12
		Don't know 98	
411.2	Why didn't he use condom at that time?	Not available 1	
		Too expensive 2	
		Partner objected 3	
		I didn't like to use 4	
		Used other contraceptive 5	
		Didn't think it was necessary 6	
		Didn't think of it 7	
		Other (Specify) 96	
412	How often did your other partners use condom	All of the time 1	<b>→</b> 412.2
412	· · ·	All of the time	F 412.2
	with you over the past 12 months?	Most of the time	
		Rarely 4	
		Never 5	
412.1	Why did your other partners not use condom	Not available 1	
	regularly?	Too expensive 2	
		Partner objected 3	
	(Multiple answers. DO NOT READ	I didn't like to use 4	
	the possible answers)	Used other contraceptive 5	
		Didn't think it was necessary	
		Didn't think of it 7	
		Other (Specify) 96	
		Don't know 98	

#### Condom Accessibility

Q. N.	Questions and Filters	Coding Categories	Skip to
413	Do you usually carry condoms with you?	Yes 1	
		No 2	415
413.1	At this moment, how many condoms do you have		
	at-hand with you? (Observe and write)	Number	
414	How do you usually obtain condoms?	Always free of cost 1	
		Purchase 2	414.3
	(Buy, obtain free of cost or both ways)	Obtain both ways 3	
		Condom never used 4	415
414.1	From where do you often obtain free condoms?	Health Post/Health Center 1	
		Hospital 2	
	(Multiple answers. DO NOT READ	NGOs clinics 3	
	the possible answers)	Peers/friends 4	
		Community events 5	
		NGO/Health Workers/Volunteers 6	
		Client/other sex partner 7	
		Massage parlor 8	
		Hotel/lodge/restaurant	
		Bhatti pasal 10	
		Others (Specify)	

414.2	Which would be the most convenient place/s for you to obtain free condoms?	Health Post/Health Center1Hospital2NGOs clinics3Peers/friends4
	(Multipleanswers. DO NOT READ the possibleanswers)	Community events5NGO/Health Workers/Volunteers6Client/other sex partner7Massage parlor8Hotel/lodge/restaurant9Bhatti pasal10Others (Specify)96
414.3	In the last 12 months, have you been given condoms by any organizations?	Yes - free         1           Yes - on cash         2           No         3
	Note: If response is '1' in Q414 Go to Q415 after	414.3

#### Type of Sex Practice

Q. N.	Questions and Filters	Coding Categories Skip to
415	In the past year, did you have other type of sexual	Yes 1 ->
	intercourse other than vaginal? (INSTRUCTION TO	No 2 -501
	INTERVIEWER: Explain the other types of sexual	
	intercourse besides vaginal (such as oral, anal)	
415.1	If yes, what type of sexual act/s were they?	Oral 1
	(Multiple answers. DO NOT READ	Anal 2
	the possible answers)	Masturbation 3
		Other (Specify)96
415.2	What type of sexual contact did you have with your	Oral 1
	last client?	Anal 2
		Masturbation 3
	(Multiple answers. DO NOT READ	Vaginal 4
	the possible answers)	Other (Specify)96

# Violence

Questions	Client	Non paying partner (Husband or boyfriends)	Police personne I
	Past12 month s	Past 12 months	Past 12 months
416 Has your current husband/partner, client or any other partner ever	1	1	1
a) Insulted you or made you feel bad about yourself?	1	1	1
b) Belittled or humiliated you in front of other people?	1	1	1
c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?	1	1	1
d) Threatened to hurt you or someone you care about?	1	1	1
417 Has your current husband/partner, client or any other partner ever	1	1	1
a) Slapped you or thrown something at you that could hurt you?	1	1	1

b) Pushed you or shoved you or pulled your hair?	1	1	1
c) Hit you with his fist or with something else that could hurt you?	1	1	1
d) Kicked you, dragged you or beat you up?	1	1	1
e) Choked or burnt you on purpose?	1	1	1
f) Use or actually used a gun, knife or other weapon against you?	1	1	1
418 Has your current husband / partner, client or any other partner ever	1	1	1
a) physically force you to have sexual intercourse when you did not want to?	1	1	1
b) have sexual intercourse you did not want to because you were afraid of	1	1	1
what your partner or any other partner or client might do?			
c) force you to do something sexual that you found degrading or humiliating?	1	1	1
d) Forced you to have sexual intercourse with more clients than the previous	1	1	1
understanding.			

#### 5.0 AWARENESS OF HIV/AIDS

#### Knowledge, Opinion and Misconception about HIV/AIDS

Q. N.	Questions and Filters	Coding Categories	Skip to
501	Can people protect themselves from HIV by keeping	Yes 1	
	sexual contact with only one uninfected faithful sex	No 2	
	partner?	Don't know 98	
502	Can people protect themselves from HIV, virus-causing	Yes 1	
	AIDS, by using condom correctly in each sexual	No 2	
	contact?	Don't know 98	
503	Do you think a healthy-looking person can be	Yes 1	
	infected with HIV?	No 2	
		Don't know 98	
504	Can a person get the HIV virus from mosquito bite?	Yes 1	
		No 2	
		Don't know	
505	Can a person get HIV by sharing a meal with an HIV	Yes 1	
	infected person?	No 2	
		Don't know 98	
506	Can a pregnant woman infected with HIV/AIDS	Yes 1	
500	transmit the virus to her unborn child?	No	
		Don't know	► 508
507	What can a pregnant woman do to protect her	Cannot do anything/cannot	× 500
507	child from HIV transmission?	protect the child 0	
		Take Medication 1	
		Abort the child	
		Other (Specify)	
508	Can a woman with HIV/AIDS transmitthe virus to	Don't know	
308	her new-born child through breastfeeding?	No	
		Don't know	
509	Can people protect themselves from HIV virus by	Yes 1	
309	abstaining from sexual intercourse?	No	
		Don't know	
510	Can a person get HIV by holding an	Yes 1	
310	HIV infected person's hand?	No	
		Don't know	
511	Can a person get HIV, by using previously used	Yes 1	
211	needle/syringe?	No	
		Don't know	
512	Can blood transfusion from an infected person to the	Yes 1	
512	other transmit HIV?	No	
513	Is it possible in your community for someone to have a	Don't know	
313	confidential HIV test?	No 2	
	Do you know where can you go for	Don't know	
E121		1 ICS 1	1
513.1		No. 2 -	601
513.1 514	HIV testing? Have you ever had an HIV test?	No 2 - Yes 1	▶ 601

F141	When did you have your most recent LUV (test)	Within the next year 1	1
514.1	When did you have your most recent HIV test?	Within the past year1	
		Between 1-2 years2	
		Between 2-4 years3	
		More than 4 years ago 4	
515	Did you voluntarily undergo the HIV test or because it was		
	required?	Required2	
		No Response 99	
516	What was the result of your last test?	Positive 1	
		Negative2	
		unclear / neither positive or negative3	
		Did not receive result 4	
		Don't know	
		Refuse to answer99	
517	After you tested HIV positive, were you linked with HIV	Yes 1 →	519
	care by HTC service?	No 2	
		Don't know 9997	
		refuse to answer	
518	What is the main reason you have never enrolled or	Feel healthy 1	
510	registered for HIV care or treatment?	Stigma, don't want others to know 2	
		Cost 3	
		Poor attitude of health care workers 4	
		Waiting time or clinic hours not good 5	
		Other 9996	
		Don't know 9997	
		Refuse to answer 9998	
519	Why did you not receive the test result?	Sure of not being infected 1	
		Afraid of result 2	
		Felt unnecessary 3	
		Forgot it 4	
		Other (Specify) 96	

#### 6.0 PROMOTION OF CONDOM

#### Q. N. Questions and Filters **Coding Categories** Skip to 601 Have you met or discussed or interacted with peer Yes ..... 1 No ..... 2 + 605 educators (PE) or outreach educators (OE) in the last 12 months? 602 When you met/discussed/interacted with PE or Discussion on how HIV/AIDS is/isn't OE, what activities did they involve you in? transmitted ..... 1 Discussion on how STI is/isn't transmitted ..... 2 Regular/non-regular use of condom . 3 (Multiple answers. DO NOT READ Demonstration on using condom the possible answers) correctly ...... 4 STI treatment/cure after treatment ..... 5 Counseling on reducing number of sex partner..... 6 Training on HIV and STI, Condom day, AIDS day, participation in discussions and interaction programs ...... 7 Others (Specify) 603 vou know from which organization Do NGOs (Specify)..... were they? (Multiple DO NOT READ the answers. possible answers) How many times have you been visited by PE 604 Once...... 1 and/or OE in the last 2-3 times ...... 2 12 months? 4-6 times ...... 3 7-12 times ...... 4 More than 12 times ..... 5 605 Have you visited or been to any drop in center (DIC) Yes ..... 1 in the last 12 No ..... 2 + 609 months? 606 What did you do at DIC? Went to collect condoms ..... 1 Went to learn the correct way (Multiple answers. do not read the possible of using condom. ..... 2 answers) Went to watch film on HIV/AIDS....3 Participated in discussion on HIV transmission... 4 Participated in discussion on STI transmission.... 5 Participated in training, interaction and discussion programs on HIV/AIDS and STI..... 6 Went to collect IEC materials ...... 7 Went for STI treatment ...... 8

#### Knowledge of and Participation in STI and HIV/AIDS Programs

Q. N.	Questions and Filters	Coding Categories	Skip to
607	Do you know which organizations run those DICs?	NGOs (Specify)	
		Others (Specify)	
	(Multiple answers. DO NOT READ	Don't know 98	
	the possible answers)		
608	How many times have you visited such DICs in	Once 1	
	the last 12 months?	2-3 times 2	
		4-6 times 3	
		7-12 times 4	
		More than 12 times 5	
609	Have you visited any STI clinic in the last 12	Yes 1	
	months?	No 2 -	► 613
610	What did you do at such STI clinics?	Blood tested for STI 1	
		Physical examination conducted	
		for STI identification 2	
	(Multiple answers. do not read the possible	Was advised to use condom in	
	answers given below)	each sexual intercourse 3	
		Was advised to take complete	
		and regular medicine 4	
		Was suggested to reduce number	
		of sexual partners 5	
		Took friend with me 6	
611	Do you know which organizations run those STI	Government sector (specify)	
	clinics?	Private sector (specify)	
		NGOs (Specify)	
	(Multiple answers. do not read the possible	Others (Specify) 96	
	answers)	Don't know 98	
612	How many times have you visited such STI clinic	Once 1	
	in the last 12 months?	2-3 times 2	
		4-6 times 3	
		7-12 times 4	
		More than 12 times 5	
613	Have you visited any voluntary counseling and	Yes 1	
	testing (HTC) centers in the last 12 months?	No 2 -	► 616.1
614	What did you do at such HTC	Received pre-HIV/AIDS test	
• - ·	centers?	counseling 1	
		Blood sample taken for	
	(Multiple answers. DO NOT READ	HIV/AIDS test 2	
	the possible answers)	Received post HIV/AIDS	
	i i i i i i i i i i i i i i i i i i i	test counseling 3	
		Got information on HIV/AIDS	
		window period 4	
		Received HIV/AIDS test result	
		Received counseling on using	
		Condom correctly in each	
		sexual intercourse 6	
		Took a friend with me 7	
		Other (Specify) 96	

Q. N.	Questions and Filters	Coding Categories	Skip to
615	Do you know which organizations run those HTC	Government sector (specify) 1	
	centers?	Private sector (specify)2	
	(Multiple answers. DO NOT READ	NGOs (Specify)3	
	the possible answers)	Others (Specify) 96	
		Don't know98	
616	For how many times have you visited HTC	Once 1	
	center in the last 12 months?	2-3 times 2	
		4-6 times 3 -	► 616.2
		7-12 times 4	
		More than 12 times 5	
616.1	If not visited HTC in the last 12 months, what is the	Do not know about VCT center 1	
01011	reason for this?	I do not think I need to be tested 2	
		I have no symptoms of HIV	
	(Multiple answers. DO NOT READ	No VCT near by 4	
	the possible answers)		
		I have already tested and know	
		my status	
		No money to go to VCT center 6	
		Fear that people will see me	
		visiting VCT7	
		Fear that family members/friend/	
		clients will know it 8	
		Others (Specify) Q6	
616.2	Have you ever been approached by HIV/AIDS	Yes 1	
	related health workers/ outreach workers to	No 2 -	61/
	explain you about the need of VCT?		
616.3	If you were approached by health	Talked about my sex partners 1	
	workers/outreach workers, what did they advise	Advised to visit VCT if I have some	
	you?	problems 2	
		Advised me to visit VCT once in a	
	(Multiple answers. DO NOT READ	month in any case 3	
	the possible answers)	Did not talk about HIV testing 4	
		Others (Specify)96	
	Have you ever heard about prevention of mother to	Yes1	
617	child transmission services (PMTCT) for pregnant	No	}
6474	women?		618
617.1	Do you know from where pregnant women can get	Yes1	
	PMTCT services?	No	}
617.2	If Yes, please specify		618
618	Have you ever heard about anti-retroviral therapy	Yes1	
	(ART) services for HIV positive individuals?	No2 No response	619
618.1	Do you know from where HIV positive individuals	Yes 1	
010.1		No	619
	canget ART services?	No response	013
618.2	If Yes, please specify	 	
619	Have you heard of viral load testing services for HIV	Yes1	
	positive individuals ?	No2	620
		No response	

Q. N.	Questions and Filters	Coding Categories	Skip to
619.1	Do you know from where HIV positive individuals can get viral load testing services?	Yes1 No2 No response	620
619.2	If Yes, please specify		
620	Have you heard of any Community Home Based Care (CHBC) services that are provided for HIV Positive people?	Yes1 No2	

#### 7.0 STI (SEXUALLY TRANSMITTED INFECTION)

Q. N.	Questions and Filters		Coding	Categories	Skip to
701	Which diseases do you understand by	Whi		e/discharge of	
	STI?	P			
		Itchi			
			-	al pain 3	
	(Multiple answers. DO NOT READ	Syph	nilis (Bhiring	i)/gonorrhea 4	
	the possible answers)	HIV/	AIDS		
		Pain	ful urinatio	n 6	
		Swel	lling of vagi	na 7	
				g from vagina	
				und vagina 10	
				11	
		Burr	ning during u	rination 12	
				thinner 13	
702	Do you currently have any of the following symptoms?				
	Symptoms		Yes	No	
	1. Pain in the lower abdomen		1	2	
	2. Pain during urination		1	2	
	3. Frequent urination		1	2	
	4. Pain during sex		1	2	
	5. Ulcer or sore in the genital area		1	2	
	6. Itching in or around the vagina		1	2	
	7. Vaginal odor or smell		1	2	
	8. Vaginal bleeding (unusual)		1	2	
	9. Unusual heavy, foul smelling vaginal discharge		1	2	
	10. Genital Warts		1	2	
	96. Others (Specify)		1	2	
	(If answer is 'No' to all in the Q. No. 702 Go	to Q.	709)		
703	Have you gone through medical treatment for any of	Yes .		1	
	these symptoms?	No.	<u></u>	2 <b>–</b>	▶ 709
703.1	If yes, for how long did you wait to go for the				
	treatment?				
	(Write '00' if less than a week)	Wee	k		

704	For which symptoms did you get treatment? Specify the treatment.					
	Symptoms			Trea	atment	
	1. Pain in the lower abdomen					
	2. Pain during urination					
	3. Frequent urination					
	4. Pain during sex					
	5. Ulcer or sore in the genital area					
	6. Itching in or around the vagina					
	7. Vaginal odor or smell					
	8. Vaginal bleeding (unusual)					
	9. Unusual heavy, foul smelling vaginal discharge					
	10. Genital Warts					
	96. Others (Specify)					
705	Did you receive a prescription for		Yes		1	
	medicine?		No		2	709
700	Did you obtain all the medicine preseried?		Vaclah	to in ord oll of	it1	
706	Did you obtain all the medicine prescribed?					
					not all2	700
707	Did you take all of the medicine prescribed?				1 -	708
707.4			No	- +-!		
707.1	If not, why did you not take all of the				1	
	medicine prescribed?				2	
					lp3	
			Others (	Specify)	96	
708	How much did you pay for the medicine		Rs.			
	that you took?					
	[If not paid mention the reasons]		Reason			
709	Did you have any of the following symptoms in the	nactvo	ar?			
705	Symptoms	Jastye	Υ Υ		No	
	1. Pain in the lower abdomen		1		2	-
	2. Pain during urination		1		2	
	3. Frequent urination		1		2	
	4. Pain during sex		1		2	
	5. Ulcer or sore in the genital area		1		2	
	6. Itching in or around the vagina		1		2	
	7. Vaginal odor or smell		1		2	-
	8. Vaginal bleeding (unusual)		1		2	-
	9. Unusual heavy, foul smelling vaginal discharge		1		2	-
	10. Genital Warts		1		2	-
	96. Others (Specify)		1		2	
	(If answer is 'No' to all in Q. No. 709, Go to Q. No.	801)		1		
710	Have you gone through medical treatment for any	of thes	e sympto	oms in the pa	st year?	
	Symptoms		١	/es	No	
	1. Pain in the lower abdomen			1	2	
	2. Pain during urination			1	2	
	3. Frequent urination			1	2	
	4. Pain during sex			1	2	
	5. Ulcer or sore in the genital area			1	2	
	6. Itching in or around the vagina			1	2	

	7. Vaginal odor or smell	1	2				
	8. Vaginal bleeding (unusual)	1 2					
	9. Unusual heavy vaginal discharge and foul vaginal						
	discharge	1	2				
	10. Genital Warts	1	2				
	96. Others (Specify)	1	2				
	(If answer is 'No' to all in Q. No. 710, Go to Q. No. 801)						
711	Did anyone from the place where you went for	Yes					
	treatment counsel you about how to avoid the	No		▶ 801			
711.1	What did he/she tell you?	Told me to use con	dom 1				
		Told me to reduce r	number of				
	(Multiple answers, DONOT READ	sexual partners 2					
	the possible answers)	Told me to take me					
		Told me not to have	ve sexual contact during				
		medicine taking p	eriod 4				
		Advised me to com	e for regular				
		check up					
		Others (Specify)	96				

#### Use of alcohol, Illicit Drugs and Injection

Q. N.	Questions and Filters	Coding Categories	Skip to
801	During the last 30 days how often did you have	Everyday 1	
	drinks containing alcohol?	2-3 times a week 2	
		At least once a week 3	
		Less than once in a week 4	
		Never 5	
		Don't know 98	
		NO answer99	
801.1	How often are you drunk when you have sex	Always1	
	(anal/vaginal) with clients in last 6 months?	Most of the time2	
		Sometimes3	
		Never4	
		don't know98	
		no answer	
801.2	How often are your clients drunk or high on illicit drugs	Always1	
	(Ganja, Bhang) when they have sex with you in last 6	Most of the time2	
	months?	Sometimes3	
		Never4	
		don't know98	
		no answer99	
802	Some people take different types of drugs. Have	Yes 1	
	you also tried any of those drugs in the past 30	No 2	
	days? (Ganja, Bhang, Nitroson, Nitrovet E.)	Don't know 98	

803	Some people inject drugs using a syringe. Have you ever-injected drugs? (Do not count drugs injected for medical purpose or treatment of an illness)	Yes 1 No
	If yes how long have you been injecting drugs?	Year Month Don't know
804	Did you injected drugs in last 12 months?	Yes
	Are currently injecting drugs?	Yes 1 No 2
	Please remember the last injected drugs and tell that have you used the needle used by other?	Yes
	Please remember the injected drugs in the last month, how often did you use the needle already used by other?	Always1 Most of the time2 Sometimes3 Never4 don't know
	Usually How do get needle ?	Friend/Relative provides me after using1 Given by unknown person2 Taken from public place kept by other3 Get myself from public place4 Use new needle given by NGO staffs/volunteer
805	Have you ever exchanged sex for drugs?	Yes 1 No 2
806	Have you ever exchanged sex for money so that you can buy drug?	Yes 1 No 2
807	To your knowledge, have any of your sex partners injected drugs?	Yes 1 No 2

#### 9.0 STIGMA AND DISCRIMINATION

Q. N.	Questions and Filters	Coding Categories	Skip to	
901	If you knew a shopkeeper or food seller had HIV, would you buy food from him/her?	Yes1 No2 Don't know98 No response99		
902	Do you think a student with HIV should study attending at class as like other student ?	Yes1 No2 Don't know98 No response99		

	Below is a list of the ways you mi felt this way during the past week	-	behaved. Pleas	e tell me how ofte	n you have
SCORING: zero for answers in the first		Rarely on	Some or a	Occasionally	Most or all

	colu colu	umn, 1 for answers in the second umn, 2 for answers in the third umn, 3 for answers in the fourth umn.	none of the time (less than 1 day)	little of the time (1-2 days)		noderate ne time (3- ys)	the time (5-7 days)	
		was bothered by things that usually 't bother me	0	1	2		3	
	2. 1	did not feel like eating; my appetite poor.	0	1	2		3	
	3.	felt that I could not shake off the es even with help from my family or	0	1	2		3	
	4. I peo	felt I was just as good as other ple	0	1	2		3	
	5.	I had trouble keeping my mind on tI was doing.	0	1	2		3	
		felt depressed	0	1	2		3	
		I felt that everything I did was an	0	1	2		3	
	8. I	felt hopeful about the future.	0	1	2		3	
	9.1	thought my life had been a failure.	0	1	2		3	
	10.	I felt fearful.	0	1	2		3	
	11.	My sleep was restless	0	1	2		3	
	12.	l was happy	0	1	2		3	
	13.	I talked less than usual	0	1	2		3	
	14.	I felt lonely.	0	1	2		3	
	15.	People were unfriendly	0	1	2		3	
	16.	I enjoyed life.	0	1	2		3	
	17.	I had crying spells.	0	1	2		3	
	18.	I felt sad.	0	1	2		3	
		I felt that people dislike me.	0	1	2		3	
	20.	I could not get "going."	0	1	2		3	
Q. I	۷.	Ques	tions			Coding Categories		Skip to
-		Did you think of commit suicion feeling yourself in the past 12				Yes 1 No 2		→ 501
102	022 Have you ever made a plan to c		commit suicide?			Yes 1 No		
1023		Did you ever attempt suicide?				Yes 1		

\*Thank to you very much for your active participation\*\*

No .....